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Easing the Transition into Long Term Care: An Occupation Based Approach

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EASING THE TRANSITION INTO LONG TERM CARE: AN OCCUPATION BASED
APPROACH

By

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A Scholarly Project

Submitted to the Occupational Therapy Department

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In partial fulfillment of the requirements

for the degree of

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This Scholarly Project Paper, submitted by Sarah Boroos and Janel Ludenia in partial fulfillment of the requirement for the Degree of Master's of Occupational Therapy from the University of North Dakota, has been read by the Faculty Advisor under whom the work has been done and is hereby approved.

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April 13, 2010
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PERMISSION

Title Easing the Transition into Long Term Care: An Occupation
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ABSTRACT

The purpose of this scholarly project is to present methods to help ease the transition process for older adults into a long term care (LTC) facility using a meaningful occupation based approach. An estimated .9% of the community dwelling individuals versus 72% of long term care residents exhibit some form of depression (Harris & Haffer, 2003; Harris, 2007). Consequently residents experience decrease functional status and decreased quality of life. A comprehensive literature review of adults' transitioning into LTC facilities was conducted using PubMed, Ebsco, PsychInfo, Scopus, OT search, CINAHL, AJOT, textbooks, and the internet. The literature supports the need for an occupation based approach that will promote a successful transition into LTC. An occupation based program guide to ease the transition into LTC was designed based on the Model of Human Occupation. The handbook is for occupational therapists (OTs) practicing in LTC settings. The program guide is organized into three phases; pre-admission, admission, and post admission. Each phase contains an occupation based component that serves to supplement existing transitional services currently in LTC facilities. In conclusion, it is recommended that OTs use this program guide to ease the transition of new residents into LTC. It is likely this scholarly project will decrease depression rates and enhance quality of life among residents living in LTC. It is recommended that a pilot program be implemented upon grant attainment to continue research and effectiveness of this scholarly project.

CHAPTER I

INTRODUCTION

Transitioning into long term care (LTC) continues to be a problem in the US despite multiple efforts and programs offered by LTC facilities. An estimated 72% of LTC residents exhibit some form of depression which is seriously higher than the .9% rate of depression in community dwelling elderly (Harris, 2007; Rovner, German, Brant, Clark, Burton, & Folstein, 1991). Facilitation of successful transition to LTC may help to reduce rates of depression after admission. These factors are significantly important in terms of an individual's life. The importance of these factors is stressed in regards to ramifications of depression. Depression causes a decrease in quality of life, a decrease in functional status, and a decrease in social participation. This scholarly project is aimed at reducing rates of depression and increasing quality of life by providing an occupation based program to help residents experience successful transitions into LTC facilities.

Research suggests that participation in meaningful occupations decreases symptoms related to depression and improves quality of life among residents (Csikszentmihalyi, 1997). An occupation based program guide is needed to supplement the current procedures that are provided upon admission into a LTC facility. This scholarly project presents an occupation based program guide that utilizes group participation, occupations, and building social supports in order to decrease depression and improve quality of life for residents admitted into LTC facilities. This program guide

is organized into three phases; pre-admission, admission, post-admission. The pre-admission phase focuses on education for potential residents and their families. The admission phase consists of assessments and screening tools as well as a questionnaire and resident interest checklist. These tools are used to provide an overall description of the resident, their values, motivators, and current life perspectives. The information gathered is used in the post-admission phase which consists of eight groups. In each group an occupation is incorporated into the session guide. The set of eight groups, as a whole, is designed in a manner that uses a preparatory, purposeful, and leading to an occupation based approach. A main component of the post-admission phase is the building of social supports which runs longitudinally throughout the eight week program. This program is suggested to be used in conjunction with programs that LTC facilities are already offering.

A specific (OT) model that guides OT intervention is the model of human occupation (MOHO). MOHO emphasizes the importance of utilizing a client-centered, individualized approach to OT intervention. Ultimately, MOHO focuses on three interacting factors; volition for occupation, habituation, and the influence of the social and physical environment (Kielhofner, 2009). MOHO strives to determine an individual's values and interest as well as considers the effects the environment has on his or her occupational participation. For example, MOHO explores factors of the environment such as objects the person used to complete tasks, the individual's family, and friends and determines the effects each of these factors have on the individual's participation in occupation. Using the MOHO model enables individuals to create their occupational

identity. According to Kielhofner (2009), occupational identity is “the cumulative sense of who they are and with to become as occupational beings,” (p. 153).

Furthermore, MOHO views OT as a process in which individuals engage in meaningful, occupation-based activities which in turn, increases their thoughts and feelings about themselves, thus improving QoL.

MOHO can be beneficial in promoting a successful transition of residents into a LTC setting. Engaging residents in occupation-based activities that are meaningful and client-centered incorporates volition, habituation, and their performance capacity (Kielhofner 2009). Therefore, by adhering to the guidelines of MOHO, OTs will utilize a client-centered approach, determine the residents’ interests and motives, and assess performance capacity in order to promote engagement in occupation-based activities, thus prompting a successful transition into LTC.

Application of this scholarly project may be influenced by multiple factors. These factors include reimbursement issues, multidisciplinary acceptance and compliance, and accessibility of potential residents and resources. Reimbursement issues will be addressed through the application of a grant to fund the start-up of this program. Multidisciplinary acceptance and compliance is addressed through educational workshops and the fact that this program is designed to supplement already existing programs that are being offered. This scholarly project defines the necessity for skilled occupational therapy (OT) services to carry out this program and the potential benefits that may arise from the implementation of this scholarly project. Accessibility to potential residents is addressed through the use of case managers and social workers. Educational brochures were deemed appropriate to inform potential residents of the program and expectations upon

arriving and receiving OT services. The case managers and social workers were deemed appropriate professionals to complete this task because the professionals set up the initial contact with potential and newly admitted residents. Access to resources varies greatly depending upon individual facilities. Another important factor is the title of program is developed as a guide that allows the program director to modify activities to meet individual needs of the residents.

The key concept of this scholarly project is that newly admitted residents will increase their quality of life and decrease the risk of depression through participation in occupations, and building and maintaining social support networks. Chapter II reveals findings from the in-depth literature review and describes challenges associated with the transition process into LTC with suggestions for solutions to promote a successful transition. Chapter III describes the methodology of how the literature and the model guided the development of this scholarly project. Chapter IV is the presentation of the product with in-depth instructions on implantation of the product. Chapter V summarizes the main findings and concepts of this scholarly project.

CHAPTER II

LITERATURE REVIEW

The transition into long term care (LTC) can be a stressful, life-changing event for some elder adults. Depression, decreased functional status, and decreased quality of life (QoL) are major problems often experienced in residents of LTC during this transition phase (Brandburg, 2007). An estimated .9% of the community dwelling individuals experience depression as compared to rates as high as 72% of LTC residents (Harris, 2007; Rovner et al., 1991). The purpose of this literature review is to describe challenges associated with transition into LTC and to identify possible solutions to promote successful transition into LTC.

Major life transitions occur periodically throughout an individual's lifespan. One of these transitions that can be considerably challenging is admission to LTC. LTC includes medical and non-medical care to individuals who have a chronic illness or disability. LTC can be provided to individuals in assisted living facilities, nursing homes, and in an individual's home (US Department of Health and Human Services, 2009). LTC provided within the individual's home was excluded from this scholarly project due to the fact he or she is not transitioning into a LTC facility.

The transition into LTC may never happen for some, but for others it is a reality; whether it is expected or unexpected. This transition may be permanent or temporary. Regardless of the situation, the individual is moving into an unfamiliar environment that will be their home for an extended period of time. A literature review was conducted by Brandburg (2007) examining the perspectives of the elderly on post admission and adaptation into a LTC facility. The conclusion suggested there is a lack of research in the area of adults transitioning into LTC. The amount of

research has declined incredibly since the 1990s. The earlier research primarily focused on phases of transitioning and adaptation versus variables such as depression, QoL, and functional status. Specific variables are important for health care providers to understand in order to facilitate a more positive transition process.

More recent studies found evidence connecting transitioning into long-term care with depression, decrease in general functional status, and QoL. Depression is the most common functional disorder in elder adults, with the highest depression rates cited in LTC facilities. Depression directly correlates with a decrease in functional ability, increase in illness symptoms, and an increase in mortality rates. Research indicated that depression in LTC facilities is under recognized and often goes untreated (Webber, Martin, Harker, Josephson, Rubenstein, & Alessi, 2005; Harris, 2007). A possible explanation for this is older adults may present with somatic features rather than key clinical symptoms of depression (Bonder & Wagner, 2001). Clinicians may also view depression as a normal cycle of the aging process and fail to treat it (Sadock & Sadock, 2004). Webber et al., (2005) conducted a study to explore the effects of depression on rehabilitation outcomes. It was determined that depression worsened functional status and increased the likelihood of becoming dependent on caregivers. Considering the detrimental effects of depression, it is essential that it is acknowledged and treated in LTC facilities. Evidence suggests mandatory depression screenings upon LTC admission could increase recognition and provide earlier treatment (Webber et al., 2005).

A major contributing factor to depression is the decrease in function. Many older adults transitioning into a LTC have experienced some prior loss of function, leading to hospitalization. Of course, not all individuals who are hospitalized require LTC, however it is unavoidable for some. This recent loss in function and inability to care for one's self often leads to a decrease in QoL even prior to the LTC transition phase (Kao, Travis, & Acton, 2004).

Decreased QoL is experienced prior to and after admission into long-term care. Prior to the transition, individuals have to make challenging decisions such as selling their home and disposal of personal belongings (Kao, Travis, & Acton, 2004). The individual may not only be losing personal possessions, but also their valued roles in life, which may include roles like a caretaker, a mother, a homemaker. It is at this time, early in the transition process, that the individual may experience a loss of identity and loss of self-esteem. Newly admitted residents are forced to take on unfamiliar, less valued roles. An example of a less valued role is transitioning from being an independent caregiver to becoming dependent on others. These less valued roles may lead to overwhelming feelings and lack of control (Hocking, 1996).

Feeling a lack of control is a common issue residents experience in the transition process (Brandburg, 2007; Wilson, 1997). One woman expressed her feelings as follows:

There are so many rules and regulations. You can't go here, you can't go there. You've got to do this, you've got to do that. That's not how my life has been. You can't go out until you stop and tell someone where you are going and when you will be back. I've led a free life. I'm used to doing things my way. (p. 868)

With a sense of decreased control, individuals increase their dependence on caregivers thus decreasing their functional status.

Along with the change in functional status, the individual's environment is also changing. This change poses challenges to the individual's roles, habits, and routines of everyday living (Hocking, 1996), which may need to be adjusted in order to support their QoL. It is important for health care professionals to understand the challenges an individual may face during this phase of their life. By understanding the common emotions and hardships experienced by the elderly who are transitioning into LTC, health care professionals can make the transition period less stressful for the individual and their family.

Contrary to the studies above, Walker, Curry, and Hogstel (2007) found residents to be satisfied with their transition to LTC and were appreciative of services that made their life easier and safer. For example, the scheduled mealtimes, social activities, transportation to and from appointments, managing finances, and medication management were services offered by the institution that were convenient and overruled the negative feelings towards daily routine in the nursing home. Although residents found these services useful, it is important to recognize that not all LTC residents have the skills and knowledge base necessary to utilize these services.

Multiple authors have described models, frameworks, phases of transition to facilitate deeper understanding of the experience of individuals adjusting to LTC. These authors include Oleson and Shadick (1993), Brandburg (2007), Kao, Travis, and Acton (2004), and Wilson (1997). The following section will describe each model related to transition to LTC.

The conceptual model for understanding life crises and transitions (CMULC) describes an elderly individual's process through transitioning and crisis (Oleson & Shadick, 1993). The purpose of this model is to provide a base for caregiver interventions to caregivers to help the elderly successfully cope with their transition process. In this model created by Moos & Schaefer, (as cited in Oleson & Shadick, 1993) there are three processes an individual must go through to cope with a crisis.

The first phase is labeled *general determinants of outcome* (Oleson & Shadick, 1993). This phase describes the reasons each individual responds to crisis in a different manner than their peers. The three categories include: *background and personal factors, event-related factors, and physical and social environmental factors* (Oleson & Shadick, 1993). The second phase of the *CMULC* is the *resolution phase* (Oleson & Shadick, 1993). This includes categories such as the individual's perceived meaning of events, adaptive tasks, and lastly, an individual's ability to effectively use coping skills. The last phase of the *CMULC* model is the *ultimate outcome*. The

more control an individual has in the decision making process, the more likely it is that he or she will develop positive problem-solving coping skills rather than negative emotional coping skills.

Brandburg (2007) proposed a transition process framework. The framework begins with the initial reactions of the residents. It then moves onto the transition influences and types of adjustments. The process continues with the acceptance stage, and is completed when the resident has either adapted or maladapted. The transitional process framework is a useful tool for health care providers as phase-specific interventions could be implemented to support the resident through the move into LTC.

Brandburg's (2007) transition process framework was guided by two components; transitional phases and adjustment phases. A large amount of work and effort is required of a resident to initially make a transition into a nursing home. Three phases of transition were identified as well; being overwhelmed, adjustment, and initial acceptance (Brandburg, 2007). The residents who planned admission adjusted and transitioned more quickly than those whose admission was unplanned. Transitions are easier when they are planned out, it gives a person time to prepare and come to terms with what is happening (Wilson, 1997). The individual can make choices for themselves with a clear mind, instead of in a point of crisis.

Brandburg's (2007) second component of the transition process framework was developed based on Brooke's (1989) phases of adjustment. Through the literature reviews, Brandburg (2007) cited a relationship between the admission process and how the resident is treated upon admission correlates to how well the individual adjusts to the nursing home. This statement emphasizes the importance and impact a first impression has on the residents' perception of their quality of care. If good rapport is established, it is more likely the resident will adjust more positively to the transition. Brooke (1989) identified four phases of adjustments: *disorganization, reorganization, relationship building, and stabilization*. *Disorganization* was the first phase residents experienced upon admission. Residents are entering a new environment

where they are unfamiliar with their surroundings and the health care staff. The residents initially feel abandoned and vulnerable. *Reorganization* was experienced about three months after admission. Residents reported an increase in comfort level and began organizing current events within their life. Residents also start becoming more involved within the LTC facility. *Relationship building* was an ongoing adjustment. This included making new friends as well as keeping relationships with friends outside of the nursing home. The last adjustment was *stabilization*. The residents described this experience as “settling in” and having their new residency feel like home.

Other researchers identified phases of transition which correlate with the adjustment phases mentioned above. The authors, Kao, Travis, and Acton (2004) identified three phases that are experienced during the transition into a LTC facility; *pre-institutionalization*, *immediately after institutionalization*, and *post-institutionalization*. *Pre-institutionalization* is the first phase. Within this phase, elder adults making the transition start to cope with moving locations. Selling a home, separating personal belongings, managing finances, and making decisions regarding advance directives are just a few common factors that must be taken care of before the move into their new home. These decisions impact a persons’ life and increases stress levels, on top of the feelings aimed at specifically relocating.

The second phase Kao et al., (2004) was called *immediately after institutionalization*. Feelings toward the relocation are most intense during this phase. Negative responses and actions may be common characteristics of the new resident. Coping skills and family support are strongly needed at this time. This phase predicts how well the individual will adjust to their new home. These feelings can last anywhere from a few weeks to several months.

The last transitional phase identified by Kao et al., (2004) is *post-institutionalization*. This phase is based on the perceptions the resident holds about their new home. Included in this phase is their view on the amount of control he or she holds within their environment, the

relocation process, feeling safe, and developing new relationships. Integration into the LTC facility may take up to a year after admission.

Wilson was another researcher who described phases of transitioning. Wilson (1997) suggested that transitioning into LTC occurs in three phases; *overwhelmed*, *adjustment*, and the *initial acceptance phase*. The first phase of transition to LTC life is the *overwhelmed* phase. Wilson (1997) suggested the first phase of the transition is when the resident begins to experience the lack of privacy and lack of space. According to a recent study, 37% of residents reported that staff do not knock on the door prior to entering (Teeri, Valimaki, Katajisto, & Leino-Kilpi (2007). Additionally, 29% stated that staff members do not ask for permission before touching a resident. In this early phase, residents experience feelings of sadness and loneliness. They often express their emotions through crying yet are reluctant to share their concerns with family members. They fear that they may project a sense of guilt onto a loved one. This phase correlates with Brandburg's (2007) initial reaction phase of adjustment, also marked by an emotional response. Older adults in this phase report feeling overwhelmed, disorganized, and homeless.

In Wilson's (1997) second phase of the transition process, the *adjustment phase*, the resident starts to process the actual transition. He or she starts focusing on the future and trying to have a positive attitude. The resident searches for social networks and tries to form relationships. This phase was found to be the most difficult for residents. A resident described his difficulty with this phase as follows:

If there was someone I could get acquainted with it would be easier to get adjusted... These people are really old... I think they are all in their nineties. They are too old to play cards with and some of them are pretty far gone. (p. 868)

Evidence has found that residents who are outgoing and have a positive attitude adjust more smoothly during this phase. Others begin to experience further loss of control and a decrease in sense of autonomy (Wilson, 1997).

Wilson's (1997) third phase of transition is the *initial acceptance phase*. The *initial acceptance phase* is the final transition to LTC life. Throughout this stage, a resident develops new social networks, increases their sense of autonomy, self-confidence, and well being. He or she is more likely to become assertive and take control of situations that are happening around them versus letting others take control of their lives. The residents that had planned for admission reached this stage sooner than those residents who did not have time to prepare.

Becoming homeless was a term used by Heliker and Scholler-Jaquish (2006) to describe the residents' feeling when leaving their home and entering an unfamiliar place. The authors stated that while living in their home, the individuals knew the location of furniture, pictures, chairs, and where/how many steps to climb. The transition into LTC leaves the resident in an unfamiliar environment with unfamiliar faces. Residents have reported feeling invisible to staff members and as just another resident in the room (Heliker & Scholler-Jaquish, 2006). The sense of autonomy for residents becomes threatened. Newson (2008) recognized that autonomy is very important to individuals and their well-being. The individual's personal values are essential aspects he or she has developed throughout their entire life. These aspects are familiar and comfortable to the individual, so he or she may be resistant to change.

While understanding models, framework, and phases of transition to LTC is important, it is also valuable to recognize specific factors that impact resident's satisfaction with the LTC placement. Much of the experience of transitioning depends on whether the move was planned or unplanned. When an individual plans to transition to LTC, he or she has time to adjust, consider options, and organize. The unplanned admission into LTC is most often associated with a sudden decrease in functional status or sudden loss of support, whether it be financial, physical or emotional. Individuals are left with the inability to care for themselves. Due to this decrease in function, individuals begin to experience feelings of lack of control. This feeling is more often associated with individuals who did not plan the transition (Wilson, 1997).

Another factor influencing residents' satisfaction is decision making. A more recent study indicated that residents are more satisfied with their LTC placement if they were involved in the decision making process regarding the move (Andersson, Pettersson, & Sidenvall, 2007). The authors further suggested that the residents who participated in the decision making process thought of the admission as voluntary, resulting in a feeling of increased control and power over the situation. In contrast, residents who were uninvolved with the decision making process reported they were dissatisfied and felt violated as well as did not believe they had control of the situation. These findings indicate the necessity of residents to participate in the moving and decision making process regarding the transition into LTC; they experience an increased sense of control, thereby are more likely to have a successful transition. Additionally, the findings of this study suggest that residents, families, as well as health care professionals need to work toward placing the resident in a LTC setting that meets their emotional, cognitive, and physical needs.

Resident expectations of LTC also influence satisfaction with LTC placement. Andersson et al., (2007) determined that many residents felt dissatisfied with their LTC placement secondary to finding current residents were more disabled than expected. This posed many challenges for the new resident such as difficulty communicating with others and decreased socialization during activities. This is significant as the authors of this study reported that the most important activity in LTC facilities is socializing with others.

The ability to transition successfully into a LTC facility also depends on the individual's personal characteristics and their interactions with their surroundings (Brandburg, 2007). A recent study by Cooney, Murphy, and O'Shea (2009) identified four themes that impact a resident's QoL: ethos of care, sense of self and identity, connectedness, and activities and therapies.

The next few sections will discuss to importance of evaluations and how specific assessments will provide the OT an overall picture of the resident's cognitive abilities,

occupational capacities, habituations, and volitional task. First, it is important to be aware of interdisciplinary assessments that are already implemented.

According to Rahman and Applebaum (2009), the Minimum Data Set (MDS) is an assessment tool designed to guide and evaluate nursing care plans and improve interventions within a LTC setting. The MDS is a universal tool mandated to be used in all LTC settings in the United States during a resident's assessment process (Zimmerman, 2003). The MDS has been recently revised with anticipation to be nationally implemented in October 2010. The purpose of the revision was to address concerns regarding QoL, satisfaction, and usefulness for quality improvement. The revised MDS 3.0 mandates scripted interviews with residents to improve assessment of pain, mood, cognition, personal preference for activities and care, and depression. Although this structured interview method of assessment demonstrated that residents are able to participate in the interview process, concerns were raised regarding inter-rater reliability. Rahman and Applebaum (2009) concluded that there is no standardized protocol regarding the resident's communication ability, thus it is difficult to determine whether a resident is able to complete a section of the interview or not. Additionally, the researchers established that nurses were hesitant to ask questions that they perceived were too personal during the interview process.

Another revision to the MDS was the method used to assess the QoL of the resident (Rahman & Applebaum, 2009). A standardized procedure, the preference assessment tool (PAT), was utilized to measure QoL through highly structured interviews. The researchers suggested that although the PAT intends to assess the significant QoL domains, this standardized tool does not address the resident's dignity, enjoyment, comfort, security, and relationships. Another potential problem identified by the researchers was that although the PAT addresses activities of importance to the resident, it does not address whether the resident's needs are being met in this area. For example, the resident may identify that it is important to spend time outside, however there is not a tool to assess if this need is being met. Additionally, the researchers were concerned

that nursing staff may not obtain honest responses from the residents secondary to the residents being dependent upon the interviewers for their care. Each of the aforementioned concerns are identified gaps in the MDS assessment that pose as significant challenges in effectively improving the QoL of individuals transitioning into LTC.

Occupational therapy (OT) has multiple assessments and screening tools that are utilized to improve QoL and life satisfaction. Specific OT evaluations and screening tools could potentially fill the previously identified gaps of the MDS. The Model of Human Occupation Screening Tool (MOHOST), the Allen Cognitive Level Screen (ACLS), the Cognitive Performance Test (CPT), the Activity Card Sort (ACS), and the Modified Interest Checklist are specific evaluation and screening tools that target the areas that were not addressed in the MDS. The screenings would be utilized during the initial admission process into LTC. These results would indicate the need for an evaluation which then determines if there is a need for further OT intervention.

The MOHOST is an OT screening tool that focuses on the following six concepts: *motivation for occupation, pattern of occupation, communication and interaction skills, process skills, motor skills, and environment* (Kramer, Kielhofner, & Forsyth 2008). The encompassing purpose of this screening tool is to create an occupational profile and determine the individual's occupational needs. By utilizing the MOHOST during the admission process into LTC, a holistic view of the resident's performance capacity can be determined through their occupational participation. A significant advantage of this occupation-based screening tool is its flexibility. The MOHOST utilizes a variety of data-gathering methods such as; observation, patient or caregiver interviews, consultation with other health care professionals, and chart review that are beneficial when assessing residents with various levels of cognition. For example, one resident may be able to participate in a semi-structured interview and another resident may need to be observed due to his or her inability to communicate.

Another instrument that could facilitate a successful transition into LTC is the ACLS. The ACLS is a screening tool that measures cognitive functioning based on Allen Cognitive Disability Theory (Allen cognitive level, 2000). The ACLS assists OTs to determine various levels of thinking such as, problem solving skills, ability to learn new skills, and safety. An advantage of this screening is that it is quick and easy to administer. It also will provide caregivers with information that will increase the safety of the resident as well as allow the caregiver to better understand the residents' thought processes. Although a score from this screen needs to be validated by additional observation of performance, it provides a level of cognitive function. This level of cognition allows the OT to adapt occupation-based activities to meet the needs of the resident, thus promoting participation in meaningful activities within the LTC facility.

Another OT assessment that would facilitate a successful transition into LTC is the CPT. The CPT is a standardized assessment that, like the ACLS, is based on Allen's cognitive disability theory. This evaluation tool measures an individual's cognitive function by observing his or her performance during six different daily living skills; *wash, phone, toast, shop, dress, and travel* (Burns, Mortimer, & Merchak, 1994). The score of the CPT would be used to predict a resident's functional capacity to engage in occupation-based activities. The CPT demonstrated interrater and test-retest reliability. Additionally, the researchers determined that the results of this evaluation predict the capacities of individuals to perform daily living skills, thus can determine the amount of assistance he or she would need.

The ACS is another standardized assessment that could promote participation in meaningful activities in a LTC setting. This instrument allows an individual to explore leisure activity interests as well as social activity interests. The actual format of this assessment is pictures of older adults performing occupation-based activities in an easily understood manner. The results of the assessment provide the OT with information to better understand the

individual's history of activity and activities that were meaningful (Baum, & Edwards, 2001). A test-retest study was conducted to determine the reliability of the ACS. In summary, the ACS was found to be a useful tool to explore activities that are meaningful to an individual as well as establish the individual's activity patterns. This standardized assessment is a beneficial tool in LTC settings. The ACS determines the occupation-based activities a resident once participated in and identifies the changes in the resident's occupational participation during the transition process into LTC.

Another assessment tool that could be beneficial during the admission process into LTC is the Modified Interest Checklist (MIC). The MIC is a screening tool used to determine an individual's interests (Kramer, Kielhofner, & Forsyth, 2008). This helpful tool would assist OTs in engaging residents in occupation-based activities that are meaningful (Klyczek, Bauer-Yox, & Fielder, 1997).

Incorporating OT assessments into the initial admission process would promote a successful transition into LTC. The results of the OT evaluations and screenings would provide health care professionals with a new perspective regarding resident's functional performance and QoL, and the impact these have on a successful transition. These results would also assist the OT to determine the need for OT services which will prevent functional decline during the transition into LTC. OTs ability to identify activity demands, performance skills, and the importance of meaningful, occupation-based activities can facilitate a successful transition. The combination of these three important components creates an optimal experience, thus promotes QoL (American Occupational Therapy Association [AOTA], 2008).

Health care professionals have been working to increase the probability of a successful transition into LTC through use of interventions to increase QoL and autonomy of the resident. These interventions focus on increasing the resident's sense of control in a variety of contexts, personalizing living areas, the importance of family, and the importance of social supports.

Successful evidence-based interventions related to these four topic areas that health care professional have implemented are described below.

Research regarding the transition to LTC focused on suggested interventions that assist older adults in adapting to their new environment. Specific nursing interventions identified focus on increasing the new resident's sense of control. Residents reported that issues related to autonomy were significant in determining the experience of transitioning (Wilson, 1997). Researchers suggested older adults need to be included in the decision making process and involved in the transition choices, as an effort to maintain autonomy (Wilson, 1997). Other studies determined that sense of control and autonomy significantly influenced an individual's QoL. Gestures such as picking out clothing, or what time they wanted to wake up, were identified as beneficial (Cooney, Murphy, & O'Shea, 2009). Residents supported these aforementioned findings and further determine that autonomy and independence were two of the most essential factors regarding his or her sense of dignity in a long-term care facility (Boisaubin, Chu, & Catalano, 2007). The residents of this study described the term *dignity* as "the elderly should always be treated as adults, not children," and "the care-takers working with them in the facilities should always treat them with respect," (Boisaubin, Chu, & Catalano, 2007, p. 453).

Another important aspect associated with control is the ability for the resident to decide where he or she spends their time during the day. This aspect of control, which is commonly overlooked, can be a challenge for LTC staff members due to safety measures and protocols that must be followed. Many residents felt they did not have a choice in deciding areas of the LTC facility to reside in at any given time throughout the day. Residents that were dependent for mobilization emphasized this lack of control more frequently (Hauge & Heggen, 2008). Additionally, residents with lower cognitive function are at a higher risk of engaging in unsafe behaviors, thus requiring increased supervision.

The ability for a resident to personalize his or her individuality is another intervention that allows the resident to exercise control. Personalizing individuality can be done through allowing the resident to choose the clothing options for the day, his or her hair style, if she would like to wear make-up, etc. Residents identified lack of privacy as a common concern. Residents of public LTC facility stated that staff members often do not knock before entering the room. The separation between residents through use of a single curtain was also a concern as it only protects visual privacy (Cooney, Murphy, & O'Shea, 2009). Private conversations can still be heard through a curtain by roommates, visitors, and other staff members.

Another intervention that LTC staff implemented to help residents feel a stronger sense of control was allowing residents to express his or her identity and sense of self through personalizing his or her environment (Cooney et al., 2009). This was accomplished through allowing the resident to organize his or her room in the manner they so chose. For example, rearranging the bed, dresser, and night stand to closer resemble his or her previous bedroom.

In association with control of the environment, residents felt more at home when his or her personal belongings were within a room, or if he or she had personally contributed an item (Hauge & Heggen, 2008). This intervention can be implemented by allowing residents to choose personal items from their previous home to decorate his or her room. It can also be implemented through hand- made crafts developed at the LTC facility that brings pride and joy to the individual. This not only applies to a residents' new bedroom, but also the dining room, living room, and common areas available throughout the facility. This may raise a concern about theft, which was not addressed by the authors; however theft is an important aspect to consider when asking residents to share their personal belongings.

Personal belongings benefit the new resident in other ways than just helping them feel comfortable. Hocking (1996) suggested personal possessions directly correlate with an individual's self-concept, roles, habits, and occupational performance. A new resident's

occupational performance is supported by possessions in many ways. Personal possessions allow an individual to be in control of his or her immediate surroundings by choosing the items he or she wants. Another way to demonstrate control is allowing the individual to be responsible for his or her individual care, thereby enabling the individual's role performance. Permitting the resident to take on this personal responsibility enables the resident to participate in the role that had been recently lost. For example, allowing the resident to participate in the role of a homemaker by making his or her bed and cleaning his or her room. Possessions also serve as reminders of valued roles, such as a friend or a mother. These possessions usually trigger memories through photographs. Another significant role that possessions support is the sense of self or sense of identity. Examples of these items can be jewelry, books, clothing, or general decorations. Personal belongings also provide visual feedback regarding an individual's life thus contributing to his or her motivation. Personal possessions also support the resident's occupational performance by serving as reminders of their daily routines and assisting with orientation to the environment (Hocking, 1996).

Another intervention that eases the transition into LTC is the important role of family members. Family members assist the resident to become familiar with his or her environment. The importance of family relationships and connections with the community and friends was emphasized as another important aspect that determines QoL. It was noted that the level of connectedness with the external community was dependent upon the resident's interests. For example, a frail resident's first priority was their physical health, not the community. Residents found it beneficial for staff to update them on current events. One way this was done was by staff reading the newspaper to the residents. This theme also demonstrates the importance of relationships between residents. One resident stated, "We have a laugh you know...it's not like your family but you make them your family," (Cooney, Murphy, & O'Shea, 2009, p. 1033).

Social support is an intervention healthcare providers in LTC encourage to assist in improving a resident's QoL. Visits from family and friends were highly valued by the residents and were a form of social support. These visits allowed the residents to preserve their relationship bonds. These family bonds were essential in maintaining a resident's wellbeing (Cooney, Murphy, & O'Shea, 2009). The impact of relationships on the resident's QoL is also demonstrated in Newson's (2008) article about helping strategies to cope with transitioning into a nursing home. Newson (2008) suggested maintaining contact with friends and family was highly beneficial to having a successful transition. The author also found it beneficial for the new resident to be introduced to other residents in hopes of establishing new social relationships.

Health care professionals, family members, and residents of a long-term care facility all agreed that it was essential for families to maintain contact with their loved one once transitioned into LTC (Boisaubin, Chu, & Catalano, 2007). Furthermore, health care professionals emphasized the importance of family members acting as the residents' advocate throughout the transition process and thereafter. Once the residents become incompetent to make decisions on their own, it is important for the family member to take the lead, and check in with their loved one, to ensure their needs be properly met. Residents needs including medical, emotional, social, and/or financial, are important aspects of well being and QoL.

OTs are health care professionals that promote independence and QoL by implementing occupation based interventions. These interventions are an important aspect in promoting independence in LTC settings. According to Cooney, Murphy, and O'Shea, (2009) three therapies were deemed essential in the ability to maintain independence and QoL; physiotherapy, occupational therapy, and speech therapy. It was found that although each of these therapies was beneficial, they were not always available. OT provides interventions that specifically focus on occupation based activities and functional independence. These interventions help promote a successful transition into LTC and facilitate an optimal experience of happiness.

Some of the interventions described thus far are grounded in a variety of models of practice. Kanter (1979) developed an empowerment model that assists with a positive transition in LTC settings. Kanter's theory states that in order to achieve organizational goals, an individual must have access to support, resources, and opportunities. These structures empower the individual and allow them to motivate others by sharing the sources of power. An example of his theory applied to LTC is when staff empowers a resident to choose whether they want a bath or shower and whether it should be done in the am or pm. Kanter's theory also describes the importance of staff taking the time to provide individualized, high quality care. According to Caspar and O'Rourke (2008), by utilizing Kanter's empowerment model, LTC providers' have increased access to support, educational opportunities, and training, thus allowing them to provide improved quality of care to their residents.

Other aspects of Kanter's empowerment model include providing rewards, such as management recognizing a job well done and acknowledging skills of the care providers. These small gestures provide the intrinsic motivation necessary to assist caregivers to provide higher quality of care, thus improving the residents experience in the LTC facility. Residents of a 2001 study determined that they felt more comfortable and/or at home when nurses provided specific friendly gestures such as a quick response to a request for help, having a positive attitude, and showing interest in the resident. Veer and Kerkstra (2001) used the term *resident-centeredness* to describe the desired attitude of a caregiver. Although this model is not specific to the OT practice model of interventions, it can be adapted into a LTC setting to improve quality of care provided to the residents.

OT is based on utilizing meaningful activities that promote motivation and purpose in an individual's life. All individuals strive to find meaning in his or her life, and place meaning on objects, environments, relationships, and activities used to occupy time. Occupations occur in every context of an individual's life, however through interactions within the environment each

occupation has different meaning, purpose, and is valued differently depending upon the individual. "Society provides less guidance for older individuals than for those who are younger relative to expected and valued roles," (Bonder, Wagner, 2001, p.43). This requires increased motivation and resourcefulness an elderly individual must utilize to maintain their feelings of meaningfulness and purpose in life. This can be a struggle for many elderly, especially in time of transition or crisis. At this time, it is important for health care professionals to recognize these challenges and provide additional support to those struggling to find meaning in life during the transition.

OT interventions encompass general healthcare interventions but are focused on participation through occupations (AOTA, 2008). These occupations must be meaningful to the resident in order to promote participation. Studies were conducted with an aim of developing functional programs for older adults living in an assisted living facility that focused on the importance of QoL. Matuska, Giles-Heinz, Flinn, Neighbor, and Bass-Haugen (2003) developed a wellness program for older adults designed to teach the significance of involvement in community occupations and social activities in relation to his or her QoL. The researchers predicted that this program would increase community and social participation as well as improve QoL. The findings of the study verified this program not only significantly increased participation in community and social activities, but also lead to enhanced QoL and well-being through the increased involvement (Matuska, et al., 2003). This program implemented educational classes, directed by OTs, which primarily focused on the importance of engaging in meaningful activities and strategies to overcome barriers that would prevent participation. Residents were also suggested to keep track of their daily routines, stress levels, energy levels, etc. Other topics included transportation, safety, stress, and communication. In addition, once a month, residents and OTs would participate in a community outing to practice the skills they have been discussing. The OT assisted the participants in identifying ways these factors affect their ability to engage in

meaningful occupations as well as the resulting impact on their functional performance. These findings emphasize the importance of engaging in meaningful activities and increasing community and social involvement as they promote QoL and the well-being of older adults. Specific teaching styles and educational material provided regarding each topic were not described by the researchers. However, each session's content may have varied depending upon the residents' identified barriers and concerns. Although this study was conducted specifically in an assisted living facility, it provides evidence on the impact social and occupational participation in relation to the effect on QoL. Having the residents identify barriers as to why they are not participating in activities of his or her choice makes it easier to problem solve these issues. It is important during transition for residents to continue to participate in their roles, habits, routines, and daily life activities.

Another program developed focused on preparatory OT interventions. This preparation program aimed to help decrease psychological distress and increase residents' readiness to transition into LTC (Grant, Skinkle, & Lipps, 1992). Aspects included in this program were allowing the resident to choose the color and location of their room, encouraging them to delegate the packing of their personal belongings, as well as increasing their personal control throughout the moving process. Other factors included in the preparation program were: an in-service for caregiver staff to increase awareness regarding relocation problem areas as well as to discuss ways to deal with change. Another important feature this program contained was activities that allow the resident to become more familiar with the new environment, such as, prior visits to the site, tours of the site before and after the move, and encouraging cognitively impaired residents to practice basic ADL tasks in the new context. The implications of this study suggest that when residents, even very fragile residents, are well prepared for their upcoming transition, they experience very little stress and do not experience health problems that directly relate to the move (Grant, Skinkle, & Lipps, 1992). Although this study was conducted interinstitutionally, it

provides evidence that supports the effectiveness of a preparatory program implemented prior to relocation.

A more recent functional program developed in Taiwan by Chang, Wung, and Crogan (2008) aimed to improve self-efficacy through the use of activities of daily living as an OT intervention. Reducing dependency upon another person increases activity of daily living (ADL) independence that, in return, increases life satisfaction and self-esteem. The intervention consisted of performance accomplishment, vicarious experiences, and verbal persuasion to help increase residents' self care abilities. Strategies used to increase performance accomplishment included review of records of the residents' self-care routine. Goals and positive behaviors were promoted through support and encouragement. Strategies used for vicarious experiences included recognizing role models. For example, residents with increased independence in a self-care, ADL or had remained independent were recognized during group sessions. The residents that met the established goals for example, brushing his or her hair independently, were recognized for their efforts at completing tasks independently. To account for individual and cultural differences, more than one role model was recognized for the same ADL. Verbal persuasion was the third technique used to help increase success in self-care ADLs. Encouragement was provided to the residents for accomplishments with self care tasks, as well as correct attempts at self care tasks. This included posture, the use of an assistive device, or a good attempt to complete the task. Nursing staff and family members were provided with instructions to help encourage the independence of the residents. The usefulness and importance of implementing OT programs that can increase new residents' self-esteem, performance in ADLs, overall well-being, and life satisfaction can help decrease a resident's dependency upon their caregivers, as well as decrease excess disability from occurring upon admission. The OT functional program may be more difficult to implement (Chang, Wung, and Crogan, 2008) in the United States due to cultural

barriers that would inhibit the ability to follow through with implementation. Typically, US culture does not support quite as much family involvement in healthcare and/or LTC.

Another OT intervention that focused on self-esteem and life satisfaction among the elderly was a Life Review Group Program (LRGP). A nurse with many years of experience lead LRGP as the facilitator. The LRGP utilized memories of childhood, friends, family, employment, and a summary of one's life events as the primary intervention. The findings of this study determined that the LRGP significantly increased self-esteem and life satisfaction for Veterans' in a Northern Taiwan LTC (Chiang, Lu, Chu, Chang, & Chou, 2007). Implications of this study suggest that a LRGP helped the elderly participants find positive life values. This intervention can be implemented during a period of transition to improve adaptation into a new environment by improving self-esteem and life satisfaction. This also justifies the importance of elderly residents not only maintaining their self-esteem and life satisfaction, but also the significance of sharing life stories.

Sharing personal stories is a way for individuals to get to know one another. Encouraging and/or allowing residents to share his or her personal stories not only serves as a way to preserve his or her history and culture, but also allows them to express their identity in a meaningful manner. Heliker and Scholler-Jaquish (2006) suggested that sharing stories about one's life can assist a new resident in developing a comfort level with others. New residents learn what is meaningful to others, and may begin to formulate commonalities with peer residents. It is through reciprocal conversations that individuals learn about others' likes, dislikes, values, and beliefs. In addition, it is through reciprocal conversations that individuals express their sense of self and identity. The researchers further proposed that sharing stories is not only an effective way for staff to learn what is meaningful and valuable to the resident, but also supports a level of comfort for opportunity for the resident to develop a relationship and level of trust with their new caregiver. By building a level of comfort and trust, residents will be more likely to ask for

assistance without feeling uncomfortable, will become more familiar with their environment, and may start to establish new friendships formed around stories and common grounds (Heliker & Scholler-Jaquis, 2006). Sharing of stories and personal feelings is an intervention also used to reduce relocation stress syndrome (Walker, Curry, & Hogstel, 2007). Storytelling is an intervention that can take place in a variety of context. For example, storytelling can be implemented through interviews, one on one discussion, or in a group context. The important aspect for the resident is sharing their thoughts with others as well as having their feelings be heard and addressed. Storytelling was used as a therapeutic tool in the implementation of the Well Elderly Study (Jackson, Carlson, Mandel, Zemke, & Clark, 1998) to help participants relate meaning to their occupations through reflection of the past and envisioning the future. By sharing ideas and experiences, residents can help motivate each other and become a support team for one another. Residents can learn to motivate each other through sharing ideas and their values, as well as personally benefit from their peers' information. Through this system, a positive experience impacts all residents involved. Although one may feel they have purpose or a mission to help the other residents overcome their challenge, the other residents may feel humbled for receiving support from peers.

A primary focus of OT interventions is for the residents to achieve the optimal experience. Flow was a term of significant value to Csikszentmihalyi (1997). Flow describes a feeling an individual experiences when he or she is completely engaged in an occupation-based activity. Csikszentmihalyi (1997) also describes this feeling as the optimal experience. To achieve flow, the individual needs to engage in an activity in which there is a balance of activity demands and client factors. In other words, the activity must challenge the individual; however not overwhelm him or her with difficulty. Occupational therapists are highly skilled professionals and are trained to analyze activities and adapt the task to meet the individual's needs so he or she will succeed. Csikszentmihalyi (1997) emphasizes the importance of finding this balance between the

activity demands and the individual's skill level so to increase QoL and satisfaction. The author further suggested that without this balance, individuals become bored, anxious, sad, and frustrated. Individuals transitioning into LTC commonly experience the aforementioned feelings. Therefore, engaging residents in occupation-based activities that meet their skill level would potentially decrease feelings of bored, frustration, etc. and increase his or her QoL and satisfaction.

In order to experience flow the individual also needs to engage in meaningful, purposeful activities. Csikszentmihalyi (1997) provides multiple examples of meaningful activities including gardening, listening to music, cooking, etc. Csikszentmihalyi (1997) states that by engaging in meaningful activities and experiencing flow, an individual can improve his or her QoL. Non-purposeful activities that do engage the individual create boredom and have a negative effect on his or her QoL. For example, a passive leisure activity such as watching television requires a low skill level. This activity would not create a challenge nor does it have a purpose. The combination between low challenge and no purpose causes relaxation, boredom, and apathy, thus a resident would not experience flow. OTs possess the necessary skills to assess and treat a resident transitioning into LTC by maximizing his or her potential to participate in meaningful, occupation-based activities, thus increase the resident's QoL (AOTA, 2008).

Lang, Nelson, and Bush (1992) provided health care professionals with clinical evidence on the benefits of purposeful occupations as interventions. Evidence is provided that elderly adults find an increased joy and demonstrate an increase in performance when engaged in a material based occupation versus imagination or rote exercise. This is useful when choosing activities to promote healthy habits and routines and to increase the health performance of individuals in a LTC facility.

Another set of researchers that focused on OT based interventions were Cooney, Murphy, and O'Shea (2009). They identified activities and therapies as important daily aspects.

The focus emphasized the importance of meaningful activities. Residents identified reasons they chose to participate in certain activities and reasons they chose not to participate in others. It was found that activities that had a purpose and posed meaning to the resident were most beneficial and the most often participated in. Examples of activities include painting, bingo, exercising, gardening, and singing. Participants expressed their concern of long, boring days without activities provided. Participants who did not engage in activities were often frustrated. It is important to engage these residents in meaningful activities that are adapted to meet their cognitive needs (Cooney, Murphy, & O'Shea, 2009).

In order to provide meaningful activities one must know what is valuable and of interest to a new resident. This allows the OT to provide opportunities for the resident to participate in activities that are more meaningful. Researchers have determined the more meaningful the activity is to an individual, the more likely that individual will engage in it. Participants of a recent study determined that it is important for activities to consider an individual's interests and recognize their values. Participants also reported benefiting from the small group activities such as playing cards or bingo, which involved others at a comparable cognitive level. Those participants who did not engage in meaningful activities often felt frustrated and disengaged (Cooney, Murphy, & O'Shea, 2009). Participation in meaningful occupation supports an individual's well-being, enhances QoL, and positively influences physical/emotional health. In addition, researchers found that once a meaningful occupation is removed, an individual experiences increased stress and decreased health (Law, LeClair, & Steinwender, 1998.) Residents transitioning into LTC lose many of their previous, meaningful occupations and/or their opportunities to engage in meaningful activities. Considering this information, it is essential residents, especially new residents, are engaged in meaningful activities so to promote health, well-being, and to help them achieve the highest QoL.

Additional evidence supports these findings and further suggests that participating in meaningful activities may result in improved self-perceived health, which leads to enhanced QoL (Matuska, Giles-Heinz, Flinn, Neighbor, & Bass-Haugen, 2003). This aforementioned information, when applied to LTC residents, indicates the necessity for caregivers to find out what is meaningful to the new resident, either through interviews or by listening to personal stories, and provide opportunities to engage in meaningful activities. Activities designed with purpose and/or structure was more likely to be pursued than those without structure were. Purposeful activities such as bingo, painting, dancing, playing cards, etc, are examples of activities that provide both purpose and meaning (Cooney, Murphy, & O'Shea, 2009).

Although research has determined that participation in meaningful and purposeful activities enhances QoL for older adults living in long-term care, these opportunities are not always available (Cooney, Murphy, & O'Shea, 2009). It is essential for staff of long-term care facilities to take the time to learn the preferences of the residents and provide more opportunities to engage in meaningful activities as demonstrated by the evidence above.

Occupational science principles, theory, and research were used in the development of the *Well Elderly Study* conducted by Cark, Azen, Zemke, Jackson, Carlson, Mandel, Hay, Josephson, Cherry, Hessel, Palmer, and Lipson (1997). This provided evidence of the effectiveness of occupational therapy in relation to various functional abilities related to health and individual's QoL. This nine month study aimed to help cognitively intact elders understand the significance of selecting and participating in meaningful activities to improve well being and promote QoL. Participants were separated into three groups, OT group, social group, and a non-treatment group. Little to no difference was found between the social group and non-treatment group. This provides evidence that keeping busy is not always satisfying to the individual; it must be meaningful and fulfill a value in a person's life. This is important in LTC because residents must follow safety policies and procedures. Secondary to this, the resident may be restricted from

participating in their usual meaningful activity. It is important to provide adaptations or modifications to these activities.

Another aspect of the *Well Elderly Study* was the individualization it provided to each participant in the OT group. It was client-centered and focused on personal empowerment and learned resourcefulness i.e. overcoming barriers to complete daily living tasks, activities to participate in that requires no finances, taking risks, confronting obstacles, and personal control. The group that received OT intervention displayed less declines related to physical/mental health, social functional, and life satisfaction. Although these participants were well elderly living within the community the concept of QoL and meaningfulness for an individual is carried with that individual throughout various contexts. Evidence has been provided in the above reading that contributes to the importance of OT groups in LTC settings that displayed similar results to improved life satisfaction and QoL.

Due to the significant effects of skilled OT intervention determined in the *Well Elderly Study*, the researchers decided it would be beneficial to conduct a follow-up study. In order to determine the long-term effects of OT intervention, the researchers followed all participants of the *Well Elderly Study* for six months without providing any further intervention. Researchers found the health-related benefits of OT were still significant over a 6-month period, the most significant benefit being the elder's well-being (Clark, Azen, Carlson, Mandel, LaBree, Hay, Zemke, Jackson, & Lipson, 2001). The implications of this study were two-fold. First, this follow-up study provides evidence that OT intervention is not only beneficial to the elders at the time they are receiving it, but it continues to benefit the elders over an extended period. Implementing a program such as this at the initial stage of transition into LTC has the potential to carry benefits that last beyond the length of the group sessions. Secondly, these results further justify the benefit and power of utilizing meaningful, valued activities that incorporate client factors versus simply keeping an individual busy.

In addition to the information above, Jackson, Carlson, Mandel, Zemke, & Clark (1998) explained the development process and content of the *Well Elderly Program*. The focus was to provide information and experiences to help each individual explore their occupations, identify steps toward constructive change, and variations of factors that can effect change. The participants constructed daily routines from the information throughout the sessions to enhance their well being and QoL. This program discussed ways to stay healthy through mental health, physical health, and social health. A combination of individual therapy and group therapy approaches were used to present the information which included presentations, peer exchange, direct experiences, and personal exploration. The *Well Elderly Study* consisted of eight main topic areas of education; a. power of occupation b. aging, health, and occupation c. transportation d. safety e. social relationships f. cultural awareness g. finances and h. integrative summary, lifestyle redesign journal. Although this study took place as a preventative therapy for elders living within the community, the fundamental implications gained from this study indicate that through therapeutic use, occupations have a large impact on various areas of an individual's well-being and life satisfaction.

The transition into LTC can be a stressful, life changing event that may cause depression, decreased functional status, and a decrease in the QoL of elderly adults. In order to gain a deeper understanding of this process, it is important to understand the models, frameworks, and phases of transitioning involved. Multidisciplinary evaluations are another important aspect of the transition process into LTC. The evaluations consist of various multidisciplinary approaches. Health care professionals have been working to increase the probability of a successful transition into LTC. Although interventions have been implemented by health care professionals to increase QoL and autonomy of the resident there are still identified areas that are not being addressed in the current process. OTs are among the health care professionals that promote independence and QoL by implementing occupation-based interventions. Occupation-based interventions are an

important aspect in promoting independence in LTC settings. OTs role in supporting evaluation and intervention is to promote a successful transition into LTC by using an occupation-based approach. The next section will describe the methodology used to create this project.

CHAPTER III

METHODOLOGY

Elderly individuals transitioning into LTC was the topic chosen for this scholarly project and was first introduced in the OT Gerontics coursework as a topic chosen for a research paper assignment. The literature for the assignment indicated that residents entering a LTC facility often experience a significant decline in quality of life and an increase in depression. For this reason, the students for this scholarly project wanted to develop an intervention that could address this issue and improve quality of life for those entering a LTC facility.

A literature review of adults' transitioning into LTC facilities was conducted using PubMed, Ebsco, PsychInfo, Scopus, OT search, CINAHL, AJOT, textbooks, and the internet. The search words focused on LTC facilities which include assisted living, nursing home, and transitional care units versus specifically nursing homes, simply to target a larger population. Research topics focused on the transition processes, phases, and interventions previously and currently implemented. The residents' and their family members' emotional and physical responses to the transition process were also reviewed. Depression rates, quality of life, and functional status were issues that became apparent and were examined more in-depth. An alarming statistic revealed that an estimated .9% of community dwelling individuals experience depression as compared to ratings as high as 72% of LTC residents (Harris, 2007; Rovner et al., 1991).

After unveiling the challenges associated with transitioning into LTC, the literature search focused on possible solutions to promote successful transition. The students for this scholarly project specifically examined previous and current multidisciplinary approaches. Although the literature indicated that interventions were being implemented to address the issues during the transition process, residents were still experiencing difficulty adjusting to their new environment. Residents often identified issues related to control, sense of self, loss of valued roles, and boredom as factors related to their dissatisfaction upon admission. These factors directly impacted the residents' quality of life, depression, and social participation within the LTC facility.

The students further reviewed previous and current OT approaches, which suggested that OTs are minimally involved in the overall transition process in LTC. OTs are among the healthcare professionals that promote independence through utilizing an occupation based approach. An occupation based approach supports meaning and quality of life of the resident therefore promotes a successful transition. Overall, the literature supported the need for an occupation based approach that will promote a successful transition into LTC.

The model of human occupation (MOHO) and the cognitive disabilities model guided the construction of this scholarly project. MOHO utilizes client-centeredness and an individualized approach to OT intervention. Three interacting factors compose MOHO; volition for occupation, habituation, and the influence of the social and physical environment (Kielhofner, 2009). Most importantly MOHO focuses on occupational engagement through meaningful activities. During the transition process an individual's roles, habits, routines, environment, and motivation for occupational engagement are

disrupted and changing. This model provides the therapist with insight into the resident's previous habits and occupations as well as the residents' current perspective on his or her habituations and occupations. It is necessary to bridge the gaps between the past and present habits or habituations to promote quality of life and happiness. Another reason MOHO is chosen to guide this scholarly project is because research has shown the majority of practicing OTs are familiar with MOHO. It is reported that 80% of clients have reported using MOHO at least some of the time during their practice; they also reported it promotes a holistic, occupation based focus, client centered, and evidence based practice (Lee, Taylor, Kielhofner, and Fisher, 2008). This will increase the probability of OTs successfully accepting and implementing this scholarly project.

The cognitive disabilities model was chosen to guide this scholarly project when evaluating cognition. Although MOHO addresses cognition, Kielhofner (2003) suggests OTs use other conceptual models for understanding and addressing cognitive performance capacities. Conceptual models based on mental or cognitive abilities explain capacities in detail for understanding specific aspects of performance capacity. Therefore, the cognitive disabilities model by Claudia Allen provides a screening tool to determine an individual's cognitive level. These cognitive levels are used in adults with mental health issues, individual's with a brain injury, and individual's with dementia.

Individual's entering a LTC facility may have experienced any of these factors leading up to his or her admission, the most prevalent being dementia. Similar to MOHO, the cognitive disabilities model is also widely recognized by a fast majority of OTs and therefore would foster dissemination and implementation of this scholarly project to OTs. Specific information on how MOHO is used will be described throughout this chapter.

An occupation based program guide to ease the transition into LTC is the product of this scholarly project. The program guide is developed for OTs to use in LTC facilities. The product is a guide to allow the OTs to use professional judgment to adapt and modify the program to fit within the LTC facility. The program guide provides structure in the pre-admission, admission, and post-admission phases but allows OTs to modify the tasks to fit each resident's personal needs. It is important to keep in mind this program guide was developed to supplement procedures already implemented within LTC facilities and not to replace.

The purpose of this program guide is to help residents ease the transition into LTC by engaging in meaningful, occupation-based activities. Literature supported the concept that participation in meaningful occupations decreases symptoms related to depression and improves quality of life among residents (Csikszentmihalyi, 1997).

Csikszentmihalyi's book was used for the literature review because he is a renowned researcher of finding out what makes people happy. The program guide is organized into three phases; pre-admission, admission, and post-admission. This organizational structure was chosen because evidence suggested that interventions are necessary to support the resident through the entire admission process, beginning prior to admission and throughout. In order to address problems associated with each phase of transition (pre-admission, admission, post-admission), phase-specific OT interventions were designed.

The pre-admission phase is presented in the form of a family-resident brochure. The purpose of the brochure is to increase family members' and residents' comfort level with the transition process and to introduce them to the Pro-activity program. Specifically, the brochure focuses on informing the family members on how an OT

program, Pro-activity, will help their resident attain happiness as he or she transitions into LTC. These brochures will be accessed through residents' social workers and case managers. This access method was chosen because social workers and case managers have access to residents prior to admission into LTC. Additionally, it was suggested to place these brochures in the break rooms of LTC facilities to increase staff member's awareness of the resource and the post-admission phase process. A quote from Csikszentmihalyi (1997) is included on the brochure. The quote reinforces the idea that each resident is an individual and that in order to achieve happiness; the resident must be treated as an individual.

The admission phase is presented in the form of three assessment and screening tools. Because this scholarly project is guided by the MOHO model, assessments and screenings specific to MOHO were chosen. The Model of Human Occupation Screening Tool (MOHOST) is a screening tool that measures the residents' occupational functioning. The MOHOST addresses the main concepts of the MOHO model which are volition, habituation, performance capacity, and environment. The language used in this screening allows the OT to easily translate the results into language other health professionals, the resident, and their family members will understand, therefore is client centered. Overall, the MOHOST was chosen because it will provide the therapist in the LTC setting with a better understanding of who the resident is, the residents' barriers to participation in occupations, supports of participation, and identifies the need for additional OT services.

The Modified Interest Checklist (MIC) is another MOHO based assessment tool chosen. The MIC is self-report checklist that allows the resident to identify meaningful

activities. The MIC was chosen because it provides the therapist with the residents' interest in activities; past, present, and future. Overall, the MIC assists the OT in determining the occupations motivate the resident in order to provide the optimal experience.

The final screening tool chosen is the Allen's Cognitive Level Screen (ACLS). The ACLS measures learning potential, global cognitive processing capacities, and performance abilities of the resident. The ACLS will provide the OT with the resident's level of cognitive functioning based on Claudia Allen's levels of cognition. This level of cognition will help to OT support the resident throughout the transition process by 1) placing the resident in the least restrictive environment and 2) modifying activities to support the residents' engagement in occupation.

A combination of the above three chosen screenings will provide the therapist with an overall description and understanding of the residents' cognitive abilities, occupational capacities, habituations, and volitional tasks that will help the therapist create a client-centered, holistic environment for the resident. Each of these screening tools was also chosen based on the fact that they provide the therapist with important information in a manner that is quick and easy. In addition, these screening tools will allow the OT to determine if further OT intervention and services are needed.

In addition to the above assessments is a supplemental client-centered form, the *Habits and Routines* questionnaire. The questionnaire was designed by the developers this scholarly project. The *Habits and Routines* questionnaire is a form for the residents to complete and is designed to promote a client-centered approach to care. The questionnaire determines the residents' preference for ADL routine, preference for

activity, and asks what occupations the resident participated in prior to admission. This questionnaire will be located in the resident's chart, next to the care plan. This location was chosen because it is frequently viewed by healthcare professionals, in anticipation they will use the information to provide a more holistic approach to care.

Another supplemental client-centered form is the resident's Interest Profile. This tool was also created by the developers of this scholarly project. The Interest Profile is designed to allow the resident to express his or her interests and values. This Interest Profile will have an area for the residents' signature to give permission for this profile will be displayed in his or her room. The profile serves as a tool to improve the resident-staff relationship in anticipation that the staff members will more readily get to know the resident in conjunction with their busy schedule. For example, the staff members will be able to quickly review the resident's interest profile and know what the resident's basic interests are, which will facilitate a client-centered conversation. In addition, this Interest Profile is designed to help staff members engage residents in more meaningful activities

The post-admission phase consists of an eight week group session called the Pro-Activity Program. The Pro-Activity program is designed to increase the residents' social participation and increase their engagement in occupation-based activities within the LTC facility. Each session is structured and guided using MOHO concepts and terminology. The sessions are set-up as a way to process through emotions associated with transitioning and promote successful engagement in occupations by learning, practicing, and then experiencing. This process supports future engagement in occupations by promoting follow through and reducing residents' anxieties related to fear of the unknown. The first session builds social networks and rapport with one another. The

Buddy System is also introduced to the residents' in the first session. Following that session, each remaining sessions build a skill necessary to participate in occupations. The last session is the actual chosen occupation to participate in within the community. Within each individual session a predetermined occupational activity is used to facilitate learning and interest in the topic of the week.

Eight sessions were deemed the appropriate length for the Pro-Activity Program. Residents' may take anywhere from 3 weeks to 6 months to transition into his or her new home (Brandburg, 2007). A two month program provides the residents with the opportunity to begin processing the emotions related to transitioning right away to promote a successful, positive transition. The residents will become equipped with the tools necessary to make a successful transition upon completion of the Pro-Activity Program. In addition, the Pro-Activity program will be implemented every six months for the duration of eight weeks. This six month time frame was chosen to accumulate newly admitted residents.

Another feature of the post-admission phase is the Buddy System. The Buddy System is a peer mentoring program that is longitudinally structured throughout the post-admission phase. The Buddy System is supported by literature findings which indicate that the residents' social network is a major area impacted by transitioning into LTC. The Buddy System is designed with the overall purpose to increase the resident's social support networks and friendships within the LTC facility. The Buddy System enables residents to provide support to newly admitted residents while creating their own support network. Inclusion criterion to be a member of the Buddy System is as follows; a score of 3.0 or higher on the ACLS-5, attends OT group sessions regularly within the LTC

facility, and demonstrates knowledge and expresses interest in the Buddy System. Professional judgment serves as the final inclusion criterion. The inclusion criterion serves as a guide for practitioners and can be adapted according to each individual's specific situation. The specific ACLS of 3.0 or higher was chosen because individuals functioning at cognitive level lower than 3.0 do not have the cognitive capabilities to process information and feelings associated with the Buddy System components such as decreasing depression and increasing sense of belonging.

The OT will be responsible for selecting the Buddy System pairs based on the residents' occupational interests and other commonalities. The OT will select the Buddy System pairs versus the resident's choosing their own buddy, to facilitate a more successful pair. After a pilot group of residents has completed Pro-Activity program, the residents will have the opportunity to sign up to become a buddy to new incoming residents. This is the start of building the social support network and will continue to expand as each new group of residents complete the Pro-Activity program. Care providers of the residents will be informed about the Buddy System and will be encouraged to help residents promote follow through by providing reminders to use the Buddy System. They will also be able to provide assistance and ideas to residents for the use of the Buddy System when OTs are not present.

The Buddy System is supported by the findings of literature review. As the resident transitions into a new environment, their social network is one of the areas impacted. Depending on the prior level of functioning, the resident may feel abandoned and overwhelmed and may lose contact with friends and family. Supports within the LTC facility will help the new resident feel welcome and increase their comfort level with peer

residents. The new resident will be introduced to the facility and programming within the facility not only by staff, but also by a peer. The purpose of the interaction is two-fold. For the new resident it will provide a level of comfort and support. For the peer mentoring resident, it will provide a sense of self and purpose as well as provide an increase in social supports.

The literature review supported the need for an occupational based program to assist residents during the transition in LTC. It is suggested that participation in meaningful occupations decreases symptoms related to depression and improves quality of life among residents (Csikszentmihalyi, 1997). MOHO was chosen to guide the development of this scholarly project for multiple reasons. Most importantly, MOHO focuses on occupational engagement through meaningful activities. An occupation based program guide was developed to ease the transition into LTC as the product of this scholarly project. Chapter four provides a detailed description of this product and methods for proper implementation.

CHAPTER IV

PRODUCT OVERVIEW

The purpose of this program guide is to help residents ease the transition into long-term care (LTC) by engaging in meaningful, occupation-based activities as a means. Participation in meaningful activities decreases symptoms related to depression and improves quality of life among residents (Csikszentmihalyi, 1997). The program guide is organized into three phases; pre-admission, admission, and post-admission. The pre-admission phase is presented in the form of a brochure. The admission phase is presented in the form of assessment and screening tools. Finally, the post-admission phase is presented as an 8-week group protocol. It is the intention for this program guide to be used as a supplement to procedures already being done; it is not designed to replace. Meetings will be set up with other disciplines to inform them of this program guide and how they can reinforce its purpose.

The model of human occupation (MOHO) guided the construction of the three phases of the product. MOHO utilizes client-centeredness and an individualized approach to OT intervention. Three interacting factors compose MOHO; volition for occupation, habituation, and the influence of the social and physical environment (Kielhofner, 2009). Most importantly MOHO focuses on occupational engagement through meaningful activities. It is necessary to bridge the gaps between the past and present habituations to promote quality of life and happiness. Because this scholarly project is guided by the

MOHO model, assessments and screenings specific to MOHO were chosen, the Model of Human Occupation Screening Tool (MOHOST) and the Modified Interest Checklist (MIC).

The Pro-Activity program is designed to increase the residents' social participation and increase their engagement in occupation-based activities within the LTC facility. Each session is structured and guided using MOHO concepts and terminology. The sessions are set-up as a way to process through emotions associated with transitioning and promote successful engagement in occupations by learning, practicing, and then experiencing. MOHO terminology is incorporated into each session. The main concepts from MOHO addressed are; volition, habituation, performance capacity, and environment. Each concept is represented in each session using a specific color, i.e. volition/blue, habituation/purple, performance capacity/orange, and environment/green. Although the MOHO concepts are demonstrated more thoroughly demonstrated in the admission and post admission phase, the pre admission contains educational materials related to the purpose and benefits of the Pro-Activity program.

Pre-admission

A brochure is included in the pre-admission phase to educate families and residents on the role of OT in the transition process and how participating in an occupation-based program will facilitate a more successful move. Individuals will be able to access these brochures through the facility they are seeking and through their case manager or social worker. The brochure will also be placed in faculty break rooms to increase their awareness of this resource. This brochure will benefit the family members

and residents by educating them how an OT program will help the resident attain happiness as he or she transitions into LTC.

Admission

The admission phase includes assessment and screening tools that provide the OT with the necessary information to: screen for OT services, determine the resident's volition for occupation, and help the OT gain an overall better understanding of who the resident is. The assessment and screening tools, MOHOST and Modified Interest Checklist are based on MOHO. These tools provide information regarding the resident's strengths and weakness, what factors are facilitating engagement in occupation, which factors are barriers, and what are the occupational interests of the resident. The ACL is based on the cognitive disabilities theory to provide the OT with an understanding of the resident's mental capacities and level of cognitive function.

In addition to the above assessments is the *Habits and Routines* questionnaire. This questionnaire was also created by the students for this scholarly project. The *Habits and Routines* questionnaire is a form for the residents to complete with the OT that helps provide a client-centered approach to their care. The questionnaire determines their preference for morning and evening ADL routine, preference for activity, and asks what occupations the resident participated in prior to admission. This questionnaire will be located in the resident's chart, next to the care plan. It is anticipated that nursing care staff will view this questionnaire and take the information to provide client-centered, holistic care.

Another supplemental client-centered form is the resident's Interest Profile. The Interest Profile was created by the students for this scholarly project. The purpose of this

profile is to allow the resident to express his or her interests and value. This profile will be displayed wherever the resident prefers, framed in the room, on a mirror, or hanging by the door. The profile will serve as a tool to improve the resident-staff relationship in anticipation that the staff will more readily get to know the resident in conjunction with their busy schedule. The profile will also help staff members engage residents in meaningful activities.

Post-admission

The post-admission phase consists of eight weekly group sessions called the Pro-Activity program. These group sessions were designed to increase the residents' social participation and increase their engagement in occupation-based activities with the LTC facility. The eight sessions are structured similarly and are guided by MOHO. The session begins with introductions and a warm up activity, followed a brief discussion, then the actual session occupation based activity. The sessions conclude with residents setting a personal weekly goal that relates to the topic covered that week. The OT will use his or her skilled judgment to make modification within each session for each resident to meet individual needs. The Pro-Activity program will be re-implemented every six months for the duration of eight weeks.

The post-admission phase also includes the Buddy System. The Buddy System is a peer mentoring program and is a longitudinal component within the post-admission phase. The System is introduced in the first group session. In each additional session, the Buddy System is revisited to explain the purpose and importance of social networks and support systems. The purpose of the Buddy System is to increase the resident's social support networks and friendships within the LTC facility. The Buddy System is run as a

mentorship program that enables residents to provide support to newly admitted residents. Inclusion criterion to be a member of the buddy system is as follows; a score of 3.0 or higher on the ACLS-5, attends OT group sessions regularly within the LTC facility, and demonstrates knowledge and expresses interest in the buddy system. Professional judgment serves as the final inclusion criterion.

The inclusion criterion serves as a guide for practitioners and can be adapted according to each individual's specific situation. The therapist will also reference information gathered regarding the resident's occupational interests. This information will be used to pair buddies based on commonalities as another means of facilitating maximum potential for a successful buddy pair. After the pilot group of residents has completed the 8-week occupation based transition program, the residents will have the opportunity to sign up to become a buddy to new incoming residents. This is the start of building the social support network, and will continue to expand as each new group of residents complete the occupation based transition program. Care providers of the residents will be informed about the Buddy System and will be encouraged to help residents promote follow through by providing reminders to use the system.

As stated above, the first session is where the Buddy system is introduced. This session is the social networking group. The purpose of this session is to help to residents gain an understanding of the importance of social participation. The OTs leading the group provides therapeutic strategies to improve the residents' social participation upon admission and decrease the residents' isolative tendencies. This group includes an occupational activity card sort where residents are handed out occupation-based cards and encouraged to engage in social interaction to find their corresponding occupational

card. Following this activity is a discussion regarding the residents' valued occupational interests. Once the discussion is completed, residents will set personal goals for the week regarding social participation and using the Buddy System.

The second session is the sharing stories and memories group. The purpose of this session is for the residents to get to know each other better and begin to build a social support system within the LTC facility. During the session, residents take turns sharing their occupational narrative and favorite memories of their past. In addition, residents will create a personalized, meaningful picture frame to symbolize their culture, values, and interests. The OT will supply the materials for this occupation-based activity. Once each resident has shared their occupational narrative and the picture frames are created, the OT will review last session's personal goals and encourage the residents to set new goals regarding learning about other residents and sharing stories. Overall, this promotes the development of a support system between residents. Once personal goals are set, the buddy system we be revisited and new members will be encouraged to join.

The third session is the coping with transition group. The purpose of the session is for the residents to gain insight into common feelings associated with the transition process, learn coping strategies, and to know where to find additional resources. This group begins by residents learning a few myths and facts about the transition process through use of a brief, easy to understand *Myth or Fact* handout. Residents are encouraged to share feelings associated with their move into their new facility with other group members throughout. In order to symbolize change and growth, residents engage in the occupation-based activity of gardening in which they each decorate a pot, choose a type of seed, and then plant the seed. Following this activity, residents are encouraged to

discuss effective coping strategies and are to brainstorm with the OT where additional support can be accessed if needed. Once the discussion is completed, personal goals are revisited and new goals regarding coping with the transition are set. The fourth session is called Keeping the Body Active. The purpose of this session is to provide the residents with a modified exercise routine and to increase their understanding that engaging in physical activity increases the ability to continue to engage in daily meaningful occupations.

While demonstrating each exercise routine, the OT will relate to routine to an occupation-based activity such as getting dressed, to help the resident better make a connection between physical activity and occupational activities. Following the physical activity, residents will be asked to identify occupational activities they do throughout their day that require physical activity. Once the discussion is completed, residents' personal goals will be reviewed and new goals regarding occupational and physical exercise will be set. The buddy system will be revisited and new members will be encouraged to join.

Activating the Mind is the topic for the fifth session. The purpose of this session is to increase residents' understanding that engaging in mind-stimulating activities increases the ability to continue to engage in daily meaningful occupations. During this session, residents will need to use their minds to process and problem solve through steps to a recipe of a simple snack. Once the residents have planned out each step of the recipe, the residents will work together to make the snack. The OT will provide all the materials necessary for this session. Once the residents have completed this occupation-based activity, residents will be asked to identify what other occupations they do throughout the day that require planning and processing. The OT will then provide therapeutic strategies for the residents to keep their minds active. Following the discussion, residents and the

OT will review personal goals from previous session and set new goals regarding exercise for the mind. The buddy system we be revisited and new members will be encouraged to join.

Occupational Exploration is the sixth session. This purpose of this session is for residents to gain an understanding of the importance of engaging in meaningful occupations. In addition, the residents will actually choose an occupation to participate in out in the community. The occupation that the residents choose will be the destination of the community outing group, session eight. In order to choose a community occupation to participate in, the residents will create personal leisure cards and explore what their occupational interests were prior to admission and currently. Following the decision of community outing, residents and OT will review goals from previous session and residents will set new goals regarding leisure occupations and exploration. The buddy system we be revisited and new members will be encouraged to join.

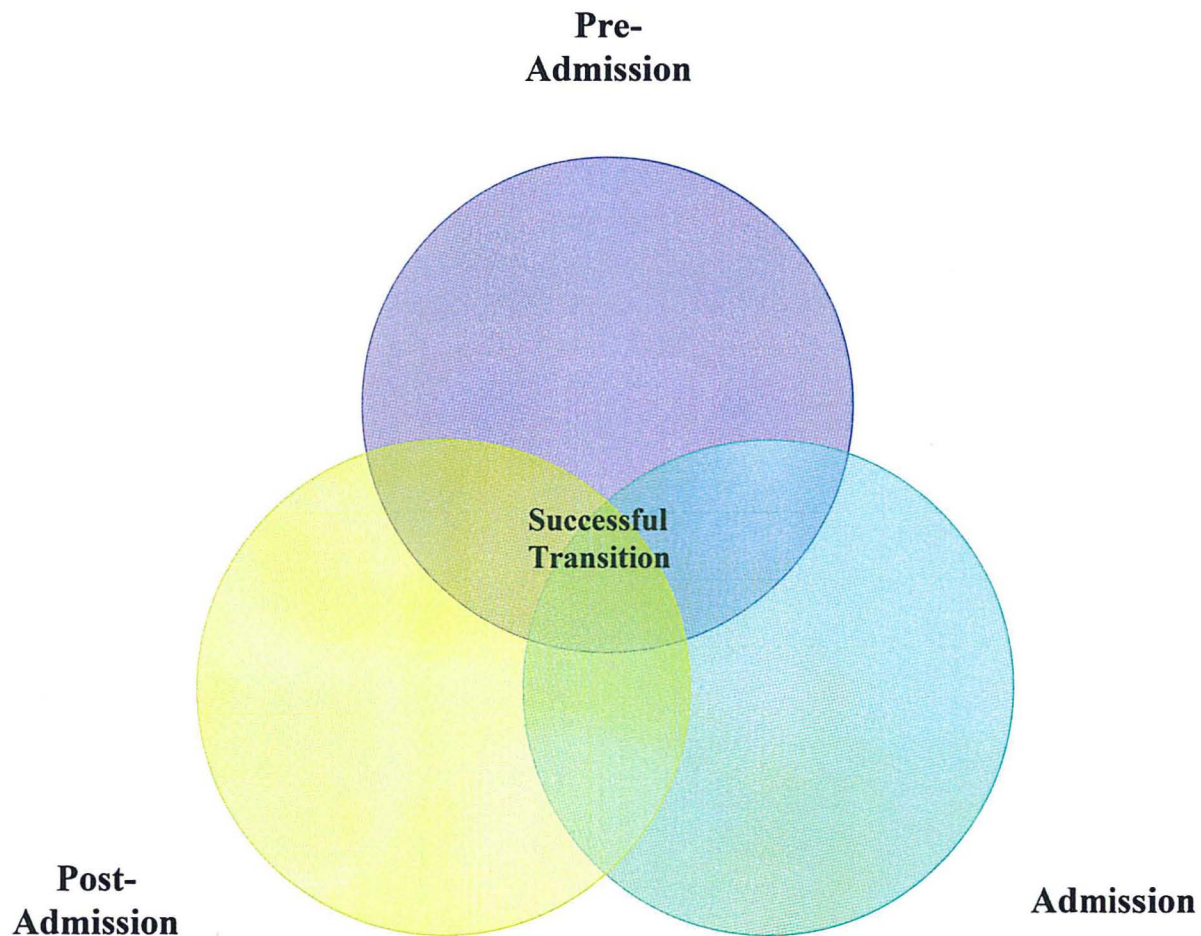
The seventh session, Empowering Ourselves, builds on the previous session. The purpose of this session is for residents to learn what community resources are available, learn how to access them, and provide opportunity to practice using the resources. Residents will begin the session by participating in a facility resource scavenger hunt. For this scavenger hunt, residents will use phone books, bus routes, and other resources available with the facility to answer the brief questionnaire. The activity enables residents to become more familiar and comfortable using facility resources which increase the residents' ability to use these resources in the future. Following the scavenger hunt, residents will plan out and make the necessary contacts to set up their community outing, which they will attend during the next session. Residents will need to consider the

timeline, resources for transportation, and resources for any other materials needed. Once the residents have planned and set up their community outing, they will review personal goals from previous session and set new goals regarding community resources. The Buddy System will be revisited and new members will be encouraged to join.

The eighth and final session is the community outing session. The purpose of this session is to allow residents the opportunity to access and utilize community resources and transportation services. The resources they will use depends on the occupation chosen. Following the community outing, residents will reflect on their perception of the community outing, the planning involved, and the use of resources. Through this process, residents will gain an understanding of their ability to participate and stay involved in the community. Following this discussion, residents will be encouraged to remain an active participant in the Buddy System, revisiting the benefits of the System on the resident's social participation and social supports. To wrap up this final session, the OT will encourage residents to set a personal goal regarding using community resources and participating in occupations within the LTC facility. In addition, the OT will highlight the key concepts of the group session and remind the residents to stay active, use the Buddy System, and continue to engage in meaningful occupations.

In combination, these eight group sessions provide the residents with the confidence to use resources, each other, and occupations to support them through the transition into LTC. The residents will have the knowledge base to participate in occupations in the future and will have developed a strong base of social support within the LTC facility.

An Occupation Based Program Guide to Ease the Transition into LTC



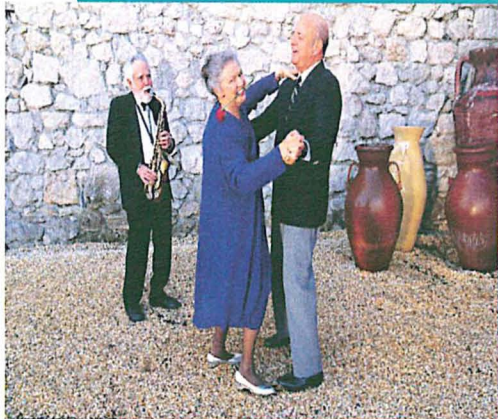
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Pre-Admission

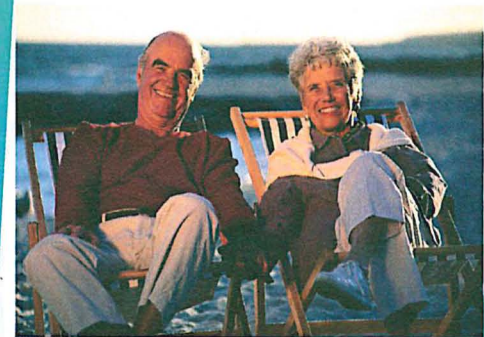
“A joyful life is an individual creation that cannot be copied from a recipe.”

- Mihaly Csikszentmihalyi



Pro-Activity:

An occupational therapy (OT) program to help residents attain happiness as they transition in LTC.



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Why the Pro-Activity Program?

- Transitioning into LTC living can be challenging because of the changes in environment and social atmosphere

Pro-Activity is a program offered to new residents that helps:

- Help you become more comfortable in your new home
- Help you stay active in your new home
- Increase your social participation
- Continue to engage in meaningful activities that promote a sense of self

What to expect from the Pro-Activity Program

- 8 sessions offered in the OT department
- 1 time per week
- Each session is 1 hour long
- All sessions are led by an OT
- Sessions are fun, interactive, and supportive
- Participation in the Pro-Activity program is supported by a grant thus there is no extra cost for the resident



Pro-Activity: Embrace Change

Pro-Activity is a group offered to new residents that helps facilitate a successful transition into the new home.

The *Buddy System*

This is a unique feature of Pro-Activity that incorporates resident mentorship.

Residents learn from each other as well as develop a new support system through friendships.

Admission

Admission Screenings

Model of Human Occupation Screening Tool (MOHOST):

The MOHOST provides an overview of the client's occupational functioning. This screening tool assess and addresses the main concepts of MOHO which include; volition, habituation, skills, and environment. These are addressed through the client's motivation for occupation, pattern of occupation, communication, process, motor skills, and the environment. Data is collected through various methods including observation, semi-structured interview, chart review, etc. The MOHOST seeks to objectify the information a therapist gathers while screening for occupational therapy services. This is used as a screen for OT services as well as to document progress towards OT intervention goals. The language used in this screening allows the therapist to easily translate the results into a language the client, their family, and other health professionals can understand. Overall, the results of the MOHOST will provide the therapist in the LTC setting with a better understanding of who the client is, the client's barriers to participation in occupations, supports to the client's participation in occupations, and if there is a need for additional OT services. Information retrieved from MOHO Clearinghouse at (<http://www.moho.uic.edu/assess/mohost.html>).

Modified Interest Checklist:

The Modified Interest Checklist is a client's self-report that provides the therapist with information related to the client's strength of interest and engagement in activities in the

past, present, and future. This focuses on leisure interests that influence activity choices. Overall, the results of the Modified Interest Checklist will provide the therapist in the LTC setting with a better understanding of which the client is, the occupations that the client used to participate in, and the motivational drive within the client. A summary of this information is used during the occupational transition group to ensure optimal experience of the client. Information retrieved from MOHO Clearinghouse at (<http://www.moho.uic.edu/mohorelatedsrcs.html>).

Allen's Cognitive Level Screen (ACLS-5): The ACLS-5 is a screening tool that measures the learning potential, global cognitive processing capacities, and performance abilities of the client. This provides the therapist with a brief report of the client's cognitive abilities. This is useful to ensure the client is placed in the least restrictive environments that will best meet their needs for success, as well as screen for additional OT services. Information retrieved from Allen Cognitive Screen (<http://www.allencognitivelevelscreen.org/>).

A combination of the three screenings above will provide the therapist with an overall picture of the client's cognitive abilities, occupational capacities, habituations, and volitional tasks that will help the therapist create a client-centered, holistic environment for the client to succeed in. These screening tools are a quick measure to gain an ample amount of necessary information, as well as screen for the need of additional OT services upon admission.

Resident's Habits and Routines Questionnaire

What time does the resident prefer to get up in the morning_____?

What time does the resident prefer to go to bed_____?

When does the resident prefer to shower? AM PM
Circle one

What order does the resident prefer to complete their morning routine? brush teeth get dressed use bathroom comb hair shave other
(number in order of resident's preference)

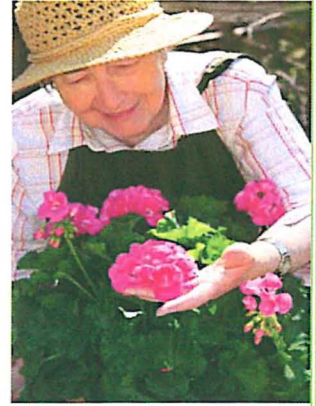
What type of activities does the resident prefer? ___Active
___Sedentary ___Solitary ___Social (check all that apply)

What type of encouragement does the resident require to complete daily tasks? Maximum Moderate Minimal
other

List occupations the resident participated in daily prior to admission _____

My Interest Profile

- I like to be called _____
- I like to read _____
- I like to watch _____
- My favorite food is _____
- I enjoy talking about _____
- My favorite game is _____
- My favorite thing to do outside is _____
- While I am here I want to _____
- I like to relax by _____
- I used to work as a _____
- Something I want others to know about me is _____



I give permission to post this in my room (signature)

Post-Admission



Session one:
Social
Networks



Session two:
Sharing
Memories



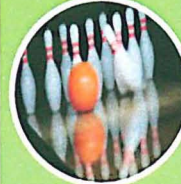
Session
three:
Coping with
Transition



Session four:
Keeping the
Body Active



Session five:
Activating
the Mind



Session six:
Occupational
Exploration



Session
seven:
Empowering
Ourselves



Session
eight:
Community
Outing

Buddy System

Detailed Description of the Buddy System for Practitioners

The Buddy System is a peer mentoring program for residents living in LTC facilities. The purpose of the Buddy System is to increase the resident's social support networks and friendships within the LTC facility. The Buddy System is run as a mentorship program that enables residents to provide support to newly admitted residents. Inclusion criterion to be a member of the Buddy System is as follows; a score of 3.0 or higher on the ACLS-5, attends OT group sessions regularly within the LTC facility, and demonstrates knowledge and expresses interest in the Buddy System. Professional judgment serves as the final inclusion criterion. The inclusion criterion serves as a guide for practitioners and can be adapted according to each individual's specific situation.

The therapist will follow a simple process to effectively facilitate the programming of the Buddy System. Upon admission into the LTC facility the therapist will administer the ACLS-5. The ACL score criterion is used to facilitate maximum potential for a successful buddy pair. This is used to determine the appropriateness of the resident for programming and special accommodations. The therapist will also reference information gathered regarding the resident's occupational interests. This information will be used to pair buddies with commonalities as another means of facilitating maximum potential for a successful buddy pair. After the pilot group of residents has completed the 8 week occupation based transition program, the residents will have the opportunity to sign up to become a buddy to new incoming residents. This is the start of building the social support network, and will continue to expand as each new group of residents complete the occupation based transition program. Each week the OT will assign new buddy pairs with the peer mentors. This will increase social networking as

well as reduce risk of conflict between buddies and decrease risk of dissatisfaction with the Buddy System. OTs will inform the residents' caregivers about the Buddy System. Caregivers include RN/LPNs, CNAs, social workers, case managers, recreational therapists, activity directors, PT, and SLP. Caregivers will be encouraged to help residents promote follow through by providing reminders to use the Buddy System. They will also be able to provide assistance and ideas to residents for the use of the Buddy System when OTs are not present on the floor.

The Buddy System is a longitudinal component within the Pro-activity Program. The Buddy System is introduced in the first group session. In each additional session the Buddy System is revisited to explain the purpose and importance of social networks and support systems. This Buddy System is beneficial to each resident in a number of ways. Social supports play a vital role in human happiness. As the resident transitions into their new home, a social network is one of the areas impacted. Depending on the prior level of functioning, the resident may feel abandoned and may also feel overwhelmed and lose contact with friends and family. Supports within the LTC facility will help the new resident feel welcome and ease their fears. The new resident will be introduced to the facility and programming within the facility not only by staff, but by a peer. The purpose of the interaction is two-fold. For the new resident it will provide a level of comfort and support. For the peer mentor, it will provide an increase in social supports as well, but also provide a sense of self and purpose. The mentor resident will feel they have a duty to carry out and will feel the gratification that is felt when helping others.

MOHO

- Model of Human Occupation Color Identification Key

Volition

- An individual's motivational drive for their choices in the occupations they choose to participate in.
- An individual's thoughts and feelings are at the core. These are shaped by previous experiences, interpretations, and anticipation for the future.
- Personal causation is an individual's awareness of present and potential abilities, and sense of self to complete a specific task.
- Values and interests influence an individual's view on a task worth doing and the accepted way to complete that task.

Habituation

- Recurrent patterns of behavior that make up an individual's daily routine. Patterns are established by repeated action.
- Habits are learned ways of doing an occupation.
- Roles influence the sense of who an individual is, and guide their actions in order to fulfill that role.

Performance Capacity

- Performance is guided by how it feels to engage in occupations.
- Experience is central to how an individual performs.
- To learn a performance an individual must discover how it feels.

Environment

- All environments potentially offer opportunities, resources, demands, and constraints.
- Environmental affects an individual depends on their values, interests, personal causation, roles, habits, and performance capacities.
- Physical, social, and occupational are all forms of environment.

Pro-Activity Program



Session 1: Social Networks

Pro-Activity Program

Social Networks: “Building My *Buddy System*”

Session 1 of 8

Group Leader: OTR or COTA

Resident’s therapy goals:

- Understand importance of participating in social opportunities
- Understand the benefits of the *Buddy System*
- Begin to develop social network within LTC facility

Volition:

- Therapist introduce self
- Brief introduction of group and therapy goals:
 - Welcome
 - Create new friendships
 - Find commonalities
 - Buddy System sign up opportunities
- Residents introduce self and share a story about a past or current friendship.
- Occupation Card Activity: Residents are instructed to find the person whose card corresponds with their card. i.e. “If my card says reading, I will be looking for items related to reading such as books, stories, newspaper, etc.”
 - After each resident has found the matching occupational card the following should be discussed:
 - Residents’ occupational interests: “These are some common occupations, what are some of the occupations that you like to do or used to do?”
 - As the therapist you are looking for commonalities among residents to later consider when pairing up buddies.

Habituation:

- Residents are encouraged to share current level of socialization
 - How many people have you met since you moved in?
 - Do you visit more with your caregivers or other residents?
 - How often do you keep in touch with family or old friends? i.e. phone, email, mail, personal visits.
 - How comfortable do you feel making new friends?
 - Is this easy or hard for you?
- Facilitate discussion on the importance of maintaining social networks and building new ones. The following are key components that must be addressed.
 - Being alone may increase feelings of sadness, loneliness, and fear.
 - Engaging in social activities with friends is a healthy way to keep your body and mind active.
 - Getting to know others helps you feel comfortable in your home and increases happiness.
 - Friendships provide sense of belonging.

Therapeutic Strategies:

- Brainstorm strategies to build and maintain friendships inside/outside the facility
 - Phone calls, Letters/cards, e-mails, personal invitations to activities
 - Using the Buddy System
 - Participate in social activities i.e. Bingo, Crafts, Church, etc.
- The *Buddy System*
 - Residents will sign up to be a part of the buddy system. Pair up residents based on their occupational interests, commonalities, and values.
 - Each “pair” will receive a list of ideas to increase social and occupational participation; *Things to Do with Buddy*.
 - Each week residents will be encouraged to be paired with a new buddy to increase social networks and friendships.
 - Rules & Responsibilities
 - Respect privacy of Buddy, i.e. family visits, permission to enter room, etc.
 - Respect Buddy’s choices, i.e. sharing information, saying no
 - Include Buddy as much as possible
 - Use common friendship rules, i.e. keeping personal conversations between each other when appropriate
 - Provide opportunity for new residents to sign up to be a part of the Buddy System
 - Therapists will choose buddies for the week based on sign-up sheet.

Personal Causation:

- Encourage each resident to set a personal goal regarding their social network.
Possible goals:
 - Call a friend this week
 - Send a letter to daughter
 - Meet 2 new friends this week
- Inform residents goals will be discussed the following group session.

Conclusion:

- Therapist will re-visit objectives and highlight key points of group discussion.
 - Residents’ feedback
 - Remind residents to stay social and use their buddy system
- Questions/Concerns?

Environment:

- **Space, equipment, & costs:** Set up: Residents are sitting in chairs in a circle formation to facilitate social interaction. Space: A room that can comfortably accommodate up to 12 residents with space for safe mobility. Equipment: Occupation Cards, Buddy System sign-up sheet, *Things to do with Buddy* handouts. Cost: Estimated \$3 for handout copies.

Occupation Activity Cards

Cooking

Eggs,
Spatula, Pan

Gardening

Soil, Plants,
water

Fishing

Bobber,
Bait, Pole

Sewing

Needle, thread,
thimble

Crafts

Paint brush,
glue, scissors

Dancing

Music, Shoes,
Friends

Things to do with Buddy

- Invite buddy to church
- Invite buddy to meals
- Invite buddy to social activities
 - Bingo
 - Cards
 - Crafts
- Watch movies
- Update each other on current events
- Sew or croquet
- Puzzles
- Physical exercise
- Play trivia with each other



- *Remember to engage in these activities with your buddy instead of being alone.*

Buddy System Sign Up Sheet



Name:

1. _____

2. _____

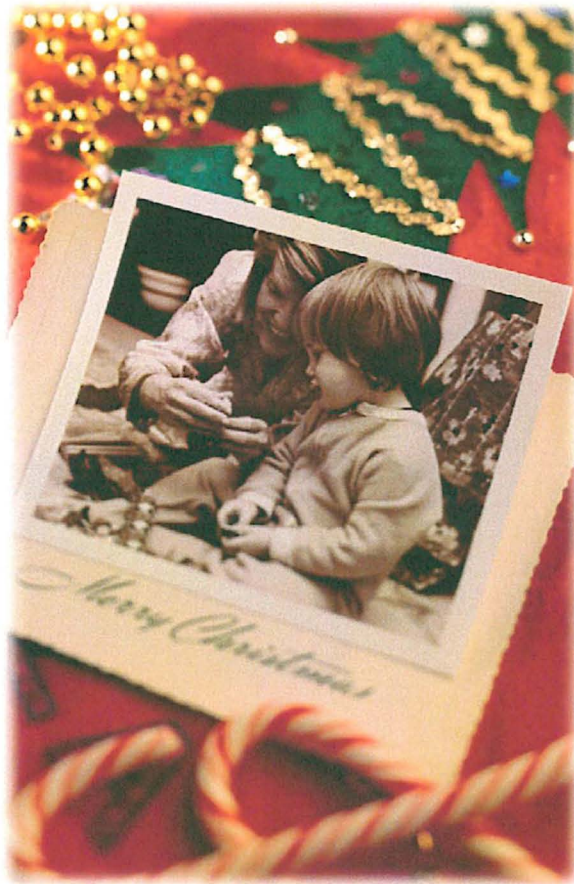
3. _____

4. _____

5. _____

6. _____

7. _____



Session 2: Sharing Memories

Pro-Activity Program

Sharing Stories and Memories “Capturing a Memory”

Session 2 of 8

Group Leader: OTR or COTA

Resident’s therapy goals:

- Understand the importance of sharing personal experiences and discussing memories
- Get to know each other by learning other’s values and interests
- Increase friendships and social network within the LTC facility
- Residents gain sense of identify and sense of self

Volition:

- Therapist introduce self
- Brief introduction of group and therapy goals:
 - Welcome
 - Sharing occupational narrative increases friendships
- Residents introduce self and share a memory from their childhood.
 - Facilitating questions
 - Did you have a favorite pet?
 - What was your favorite holiday?
 - Where did you go to school?

Performance Capacity:

- Occupational Engagement
 - Picture Frame Activity:
 - Therapist will provide supplies for this activity (see supply list below).
 - Residents will design their own picture frame to symbolize their culture and values.
 - This picture frame activity will allow residents to express themselves and provides meaning.
 - Therapist will facilitate memory sharing throughout this activity
 - What is your favorite game?
 - How many kids do you have?
 - What memories do you have regarding your favorite home cooked meal?
 - Etc.

Habituation:

- Residents discuss benefits of sharing personal stories
 - Get to know each other
 - Share your history, culture, values, and interests

Occupational Narrative:

- Residents volunteer to share their stories in any order.
- Facilitating questions to increase communication and sharing when appropriate
 - Where did you grow up?
 - What type of job did you have?
 - What are your family traditions?
- It is important that the therapist monitor time to ensure each member has had a chance to share his or her story.

Personal Causation:

- Review residents' personal goals from previous session.
 - Where these goals met?
 - How, why, or why not?
 - If not, what could have made it easier to meet this goal?
- Encourage each resident to set a personal goal regarding memory sharing.
Possible goals:
 - Will share two stories with my buddy this week
 - Will ask another resident where he or she grew up
 - Will share two memories with a caregiver
 - Inform residents goals will be discussed the following group session.

Re-visit Buddy System:

- Therapist will provide an opportunity for new residents to sign up for the Buddy System
 - Provide description of Buddy System if new resident signs-up.
- Therapist will encourage residents who are part of the buddy system to change buddies
 - Therapist will assist with pairing up new buddies based on commonalities, values, etc.

Conclusion:

- Therapist will re-visit objectives and highlight key points of group discussion.
 - Residents' feedback
- Remind residents to stay social, continue to use the buddy system, and share memories with other to help others get to know them.
- Questions/Concerns?

Environment:

- **Space, equipment, & costs:** Set up: Residents will be sitting at table (facing each other), picture frame supplies will be set up in the middle of the table, within each resident's reach. Space: A room that can comfortably accommodate up to 12 residents with space for safe mobility Equipment: Basic wooden picture frames, glue, stickers, stamps, paint, paint brushes, markers, scissors; Buddy System sign-up sheet. Cost: Depends on the facility supplies available, estimated cost of \$15.



Session 3: Coping with Transition

Pro-Activity Program

Coping with Transition: “Planting New Beginnings”

Session 3 of 8

Group Leader: OTR or COTA

Resident’s therapy goals:

- Gain insight into personal feelings related to the transition process
- Learn coping strategies that promote a successful transition
- Understand where to find additional support

Volition:

- Therapist introduce self
- Brief introduction of group and therapy goals:
 - Welcome
 - Exploration of personal feelings associated with transitioning
 - Explore and practice therapeutic strategies
 - Occupational engagement; planting seeds as sign of growth
- Residents introduce self and share a time when they had to make a change in their life.
 - Hand out Myths vs. Facts worksheet.
 - After residents have completed the worksheet, review the answers with justification provided.
 - Thoughts regarding worksheet/topic

Habituation:

- Residents to brainstorm symptoms/feelings related to transition.
 - Generate the list for everyone to see
- Residents encouraged to discuss personal feelings related to the transition into the LTC facility.

Therapeutic Strategies:

- Problem solve as a group coping strategies to overcome negative feelings toward transition
 - Generate the list for everyone to see
 - Provide residents handout of basic coping strategies

Performance Capacity:

- Occupational Engagement
 - Each resident will be given a ceramic pot. Residents are encouraged to paint/decorate pot.

- Leave pot to dry: Topics for discussion while pot is drying:
 - What is going well for you since you have moved here?
 - What are you having difficulty with, or do not like, since you have moved here?
 - Do you have any ideas how we as staff can help you resolve those issues so you feel comfortable here?
 - Discuss additional support options for needs to be met.

- Place potting soil in pot, residents choose type of seed. Water plant.

- Discuss the value of occupation based activities and the positive effect they can have on the transition process

Personal Causation:

- Residents review personal goals from previous session.
 - Where these goals met?
 - How, why, or why not?
 - If not, what could have been made it easier to meet this goal?
- Encourage each resident to set a personal goal regarding using coping strategies to help with the transition process and feelings of grief. Possible goals:
 - Will participate in one occupation I enjoy doing when I feel sad
 - Will try 2 new coping skills this week to deal with this transition
- Inform residents goals will be discussed the following group session.

Re-visit Buddy System

- Therapist will provide an opportunity for new residents to sign up for the Buddy System
- Provide description of Buddy System if new resident signs-up
- Therapist will encourage residents who are part of the buddy system to change buddies
 - Therapist will assist with pairing up new buddies based on commonalities, values, etc.

Conclusion

- Therapist will re-visit objectives and highlight key points of group discussion.
 - Residents' feedback
- Remind residents to stay social, continue to use the buddy system, and engage in occupation based activities to promote a successful transition.
- Questions/Concerns?

Environment:

- **Space, equipment, & costs:** Set up: Residents sitting a table, planting supplies displayed in the middle of the table within everyone's reach. Space: A room that can comfortably accommodate up to 12 residents with space for safe mobility, table space adequate for planting seeds, and an additional rack for pots to dry on. Equipment: Newspaper, ceramic pots, paint, paintbrushes, craft materials (i.e. stickers, glitter, stencils, etc; potting soil, seeds, and water pitcher; Cost: depends on the facility supplies available, estimated \$20.



COPING STRATEGIES

1. DO A MEANINGFUL ACTIVITY



2. USE THE BUDDY SYSTEM



3. TALK WITH A STAFF MEMBER

4. ATTEND A SOCIAL ACTIVITY

5. CALL A FAMILY MEMBER



FACT OR MYTH



1. F or M Once admitted into a nursing home, you will stay there forever.
2. F or M Fewer than 10% of older adults need nursing home care.
3. F or M No one likes living in a nursing home.
4. F or M There are many activities to do in a nursing home.

Fact or Myth Answer Guide

1. F or M Once admitted into a nursing home, you will stay there forever.
MYTH: After a traumatic event older adults take longer to recover from the illness or injury. This can take anywhere from a few weeks to many months. Many of these residents will return to their prior homes. However, some residents find it comforting and medically necessary to remain living in their apartment within the nursing home indefinitely.

2. F or M Fewer than 10% of older adults need nursing home care.
FACT: The majority of older adults remain in their homes, or assisted living apartments.

3. F or M No one likes living in a nursing home.
MYTH: Residents enjoy living in the nursing home for a number of reasons. They feel safe, have access to all the services they need, have the opportunity to socialize with friends and family, and can reassure their families they are getting all their needs met and are safe.

4. F or M There are many activities to do in a nursing home.
FACT: Occupations are a part of everyday living. Nursing homes provide many opportunities for residents to stay active and involved. Social activities, crafts, exercise, cooking, day field trips, and games are just a few examples of activities to do in a nursing home.



Session 4: Keeping the Body Active

Pro-Activity Program

Keeping the Body Active: “Meaningful Movement”

Session 4 of 8

Group Leader: OTR or COTA

Resident’s therapy goals:

- Understand the importance of physical activity.
- Learn basic exercise routine
- Understand that engaging in physical activity increases the ability to continue to engage in daily meaningful occupations

Volition:

- Therapist introduce self
- Brief introduction of group and therapy goals:
 - Welcome
 - Importance of incorporating physical activity into daily routine
 - Keeping physically active facilitates engagement in occupation-based activities
- Residents to identify occupations they do through out their day that require physical activity.
 - Possible examples include:
 - Laundry
 - Cooking
 - Getting dressing
 - Bathing
 - Going for a walk with friends or family
 - Etc.

Performance Capacity:

- Occupational Engagement
 - Therapist lead exercise activity
- Therapist will relate each exercise to an occupation-based activity.
 - Relate raising arms to reaching up to cupboard or putting clothes away
 - Relate reaching low or to the side to getting dishes out dishwasher
 - Relate weight shifting to wiping off table or counter or dancing

Habituation:

- Therapist will facilitate discussion regarding the physical activity just completed.
 - What occupation-based activities are important for you to continue to participate in

Therapeutic Strategies:

- Coach, instruct, and demonstrate occupation-based activities that require physical ability.
 - Loading/unloading dishwasher
 - Vacuuming
 - Morning dressing routine

- Bowling
- Dancing

Personal Causation

- Therapist will review residents' personal goals from previous session.
 - Where these goals met?
 - How, why, or why not?
 - If not, what could have made it easier to meet this goal?
- Therapist will encourage each resident to set a personal goal regarding physical activities. Possible goals:
 - Will complete learned exercise routine 3x this week
 - Will complete at least two occupation-based exercises this week
 - Therapist will inform residents goals will be discussed the following group session.

Re-visit Buddy System

- Therapist will provide an opportunity for new residents to sign up for the Buddy System
 - Provide description of Buddy System if new resident signs up
 - Therapist will encourage residents who are part of the buddy system to change buddies
 - Therapist will assist with pairing up new buddies based on commonalities, values, etc.

Conclusion:

- Therapist will re-visit objectives and highlight key points of group discussion.
 - Residents' feedback
- Remind residents to stay social, continue to use the buddy system, and engage in physical activity.
- Questions/Concerns?

Environment:

- **Space, equipment, & costs:** Set up: Residents sitting on a stable chair in an open room in circular formation with room to safely sit or stand. Space: A room that can comfortably accommodate up to 12 residents with space for safe mobility and exercise activity. Equipment: Buddy System sign-up sheet. Cost: \$0



Session 5: Activating the Mind

Pro-Activity Program

Activating the Mind: “Food for Thought”

Session 5 of 8

Group Leader: OTR or COTA

Resident’s Therapy goals:

- Understand the importance of mind stimulating activities
- Learn strategies to increase engagement in mind stimulating activities
- Understand that engaging in mind stimulating activities increases the ability to engage in daily meaningful occupations

Volition:

- Therapist introduce self
- Brief introduction of group and therapy goals:
 - Welcome
 - Importance of participating in mind stimulating activities
- Residents share a favorite recipe or meal
- Therapist educate residents on how following a recipe is mind stimulating
- Therapist will introduce the ingredients of the summer salad (fruit, yogurt)
 - Facilitate a brief discussion on the steps required to make the summer salad.
 - Encourage residents to problem solve steps involved as well as the tools/utensils needed.

Environment:

- Set up summer salad activity as follows:
 - Set out six pieces of fruit or one for each resident (uncut), large bowl, yogurt, plastic knives and forks, and paper plates in the center of the table.

Performance Capacity:

- Occupational Engagement
 - Summer Salad
 - Each resident will select a piece of fruit and will wait for further instruction.
 - Residents will cut up fruit into bite-sized pieces and place into large bowl
 - Therapist ask for volunteers to complete designated tasks i.e. mixing salad, pass out bowls, etc.

Habituation:

- While residents are enjoying their summer salad, therapist will begin the discussion.
 - What activities do you do throughout the day that require planning and thought?
 - Getting dressed in the morning requires you to plan; what you are going to wear, does it match, is it clean, need to put on socks before shoes, etc.
 - Going to church requires you to know what time it is at, how to navigate through the LTC facility in order to get there, where you want to sit, etc.
 - Playing games such as bingo requires following directions, listening and remembering numbers called, paying attention to task, etc.

Therapeutic Strategies

- Provide examples of other simple activities that stimulate the mind that can be easily accessible
 - Crossword puzzles
 - Word finds
 - Reading the paper
 - Reading a book
 - Social/leisure activities
 - Bingo
 - Puzzles
 - Trivia
 - Learning and participating in new games
- Therapist reiterates the importance of engaging in these mind stimulating activities.

Personal Causation:

- Review residents' personal goals from previous session.
 - Where these goals met?
 - How, why, or why not?
 - If not, what could have made it easier to meet this goal?
- Encourage each resident to set a personal goal regarding mind activities. Possible goals:
 - Will engage in at least one mind stimulating activity each day this week
 - Will learn and engage in a new game this week
- Inform residents goals will be discussed the following group session.

Re-visit Buddy System:

- Therapist will provide an opportunity for new residents to sign up for the Buddy System
 - Provide description of Buddy System if new resident signs up
- Therapist will encourage residents who are part of the buddy system to change buddies
 - Therapist will assist with pairing up new buddies based on commonalities, values, etc.

Conclusion:

- Therapist will re-visit objectives and highlight key points of group discussion.
 - Residents' feedback
- Remind residents to stay social, continue to use the buddy system, and engage in mind stimulating activities.
- Questions/Concerns?
- Therapist will provide resident with copies of word finds and crossword puzzles to keep, large print if necessary (these items are inexpensive and easily accessible).

Environment:

- **Space, equipment, & costs:** Space: A room that can comfortably accommodate up to 12 residents with space for safe mobility, table space adequate for summer salad. Equipment: large bowl, plastic utensils, paper towels, paper bowls, fruit, yogurt. Buddy System sign-up sheet. Cost: depends on the facility supplies available. Estimated \$15



Session 6: Occupational Exploration

Pro-Activity Program

Occupation Exploration: “Choosing our Journey”

Session 6 of 8

Group Leader: OTR or COTA

Resident’s therapy goals:

- Choose an occupation within the community to participate in as a group
- Understand importance of participating in occupations that are meaningful

Volition:

- Therapist introduce self
- Brief introduction of group and therapy goals:
 - Welcome
 - Importance of staying active in home and community
 - Activities that are available
 - Choose destination for community outing
- Occupational Engagement: Balloon Badminton
 - Residents introduce self and share their favorite leisure activity they currently participate in or previously have participated in.
 - Instruct residents to form a circle. Therapist will provide materials and supplies needed for the game (balloon, badminton rackets).
 - The object of balloon badminton is to keep the balloon in the air as long as possible.
 - Try to use your racket to hit the balloon; however using other body parts is fine.
 - This game can be played various ways. The therapist can instruct residents to try to pass the balloon to the left or right, the person across from you, every other person, using non-dominant hand, etc.
 - The game ends by either residents request or after duration of 10 minutes.

Habituation:

- Residents brainstorm occupational activities they participate in within their own home; followed by within the community.
 - Generate a list so everyone can see it
 - Discuss occupations that residents used to participate in
 - What are those occupations?
 - What did those occupations mean to you?
 - How do you feel now that you have stopped participating in them?
 - What barriers are present now that prevent you from participating in those occupations?
 - Therapeutic Strategies to overcoming those barriers
 - Adapting the activity
 - Adapting the environment
 - Motivation – evaluate why you do not find as much joy in that activity anymore
 - Identifying/using resources

Performance Capacity:

- Residents will create their individual leisure activity list
 - Discuss community occupation options
 - Provide supplies to construct and decorate list
- As a group, residents will brainstorm an occupation to go into the community and participate in
 - Therapist act as facilitator
 - Provide realistic options and timelines
 - Provide thought provoking questions
 - Where do you want to complete this occupation?
 - How will you get there?
 - What do you need once you arrive there?
 - How long will it take to complete?

Personal Causation:

- Residents review personal goals from previous session.
 - Where these goals met?
 - How, why, or why not?
 - If not, what could have made it easier to meet this goal?
- Encourage each resident to set a personal goal regarding occupational participation.
Possible goals:
 - Will explore 1 new leisure occupation this week
 - Will participate in a leisure activity each day of this week
- Inform residents goals will be discussed the following group session.

Re-visit Buddy System:

- Therapist will provide an opportunity for new residents to sign up for the Buddy System
 - Provide description of Buddy System if new resident signs-up
- Therapist will encourage residents who are part of the buddy system to change buddies
 - Therapist will assist with pairing up new buddies based on commonalities, values, etc.

Conclusion:

- Therapist will re-visit objectives and highlight key points of group discussion.
 - Residents' feedback
- Remind residents to stay social, continue to use the buddy system, and explore/engage in occupations individually or with others.
- Questions/Concerns?

Environment:

- **Space, equipment, & cost:** Set up: Residents sitting in open area, in circle to allow for balloon badminton and an open discussion. Space: A room that can comfortably accommodate up to 12 residents with space for safe mobility, table space adequate for designing leisure occupational cards. Equipment: craft materials (scissors, construction paper, glue, magazines, etc.) Cost: Dependent on supplies available at facility. Estimated \$15



Session 7: Empowering Ourselves

Pro-Activity Program

Accessing Resources: “Empowering Ourselves”

Session 7 of 8

Group Leader: OTR or COTA

Resident’s therapy goals:

- Gain knowledge of community resources available to them
- Understand how to access those community resources
- Practice accessing community resources

Volition:

- Therapist introduce self
- Brief introduction of group and therapy goals:
 - Welcome
 - Recap last week
 - Today’s focus; accessing resources and how to use them
 - Plan and set up community activity for following week
- Residents introduce self and share one way they know of to get to activities within the community; i.e. have family member drive them
 - Scavenger Hunt
 - Provide phonebooks and facility resources for completion of worksheet

Habituation:

- Educate residents on:
 - Facility policy for transportation and assistance
 - City transportation
 - Facility/Community assistance

Performance Capacity:

- Occupational Engagement
 - Therapist act as facilitator
 - Residents will make contacts and set up plan
 - Use the resources discussed in this group and the previous group.
 - This is enabling the resident to become familiar with using the resources and planning outings for the future.
 - Depending upon the occupation chosen from therapy session 6:
 - As a group residents will create plan for community occupational outing:
 - Timeline
 - Resources for transportation
 - Resources for materials needed

Personal Causation:

- Residents review personal goals from previous session.
 - Where these goals met?
 - How, why, or why not?
 - If not, what could have made it easier to meet this goal?

- Encourage each resident to set a personal goal regarding community resources.
Possible goals:
 - Will explore 1 new community resource that will be beneficial
 - Explore an occupation I want to participate in outside in the community
- Inform residents goals will be discussed the following group session.

Re-visit Buddy System:

- Therapist will provide an opportunity for new residents to sign up for the Buddy System
 - Provide description of Buddy System if new resident signs-up
- Therapist will encourage residents who are part of the buddy system to change buddies
 - Therapist will assist with pairing up new buddies based on commonalities, values, etc

Conclusion:

- Therapist will re-visit objectives and highlight key points of group discussion.
 - Residents' feedback
- Remind residents to stay social, continue to use the buddy system, and explore/engage in occupations individually or with others, be prepared for next week for the community outing.
- Questions/Concerns?

Environment:

- **Space, equipment, & cost:** Set up: Residents sitting at table, resources placing in middle of table, telephone within residents' visual field. Space: A room that can comfortably accommodate up to 12 residents with space for safe mobility, table space adequate for resources and treasure hunt materials. Equipment: Community resources (phone book, facility policies, etc.). Cost: Depends on supplies available at facility. Estimated \$3

Community Resource Scavenger Hunt

Find a **resource** for each of these needs. Write the **name** of the organization and a **contact** for each.

➤ **Facility Transportation**

➤ **Grocery Store**

➤ **Activity of your choice in the community**

➤ **Family Support Group**

➤ **Senior Center**

➤ **Shuttle service to bring you to appointments**



Session 8: Community Outing Pro-Activity Program

Community Outing: “Out & About”

Session 8 of 8

Group Leader: OTR or COTA

Resident’s therapy goals:

- Gain experience accessing community resources and community mobility

Volition:

- Therapist introduce self
- Brief introduction of group and therapy goals:
 - Review rules
 - Review purpose of community outing
- Residents set personal goal to accomplish on outing

Performance Capacity:

- Occupational Engagement
 - Participate in occupational activity within the community

Habituation:

- Residents encouraged to provide feedback regarding the process of groups
 - How did planning the community outing in prior two therapy groups help you today?
 - How comfortable do you feel using these resources independently?
 - What would you change or do differently for your next outing?

Personal Causation:

- Therapist will review residents’ personal goals from today and previous session.
 - Where these goals met?
 - How, why, or why not?
 - If not, what could have made it easier to meet this goal?
- Encourage each resident to set a personal goal focusing on occupational participation for the first month in the LTC facility.

Re-visit Buddy System:

- Present residents with the opportunity to sign up for Buddy System to help other new residents in the future.
 - Explain time frame of approximately 3 months until the next session
 - Encourage residents to continue to use the buddy system with the new social networks they have created

Conclusion:

- Therapist will re-visit objectives and highlight key points of all group sessions.
 - Residents' feedback
- Remind residents to stay social, continue to use the buddy system, and explore/engage in occupations individually or with others, and advocate for self to access resources.
- Questions/Concerns?

Environment:

- **Space, equipment, & cost:** Varies depending on community outing chosen.

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CHAPTER V

SUMMARY

Transitioning into LTC can be a stressful, life-changing event for some elder adults. This scholarly project has unveiled the challenges associated with transitioning into LTC, through a comprehensive literature review. The students for this scholarly project specifically examined previous and current multidisciplinary approaches. Although the literature indicated that interventions were being implemented to address the issues during the transition process, residents were still experiencing difficulty adjusting to their new environment.

Depression is the most common functional disorder in elder adults, with the highest depression rates cited in LTC facilities. An estimated 72% of LTC residents exhibit some form of depression, which is seriously higher than the .9 % rate of depression in community dwelling elderly (Harris, 2007; Rovner et al., 1991). Depression directly correlates with a decrease in functional ability, increase in illness symptoms, and an increase in mortality rates. Research indicated that depression in LTC facilities is under recognized and often goes untreated (Harris, 2007; Webber et al., 2005). Literature supported the concept that participation in meaningful occupations decreases symptoms related to depression and improves quality of life among residents (Csikszentmihalyi, 1997). OTs are among the health care professionals that promote independence and quality of life by implementing occupation-based interventions (AOTA, 2008).

The model of human occupation (MOHO) and the cognitive disabilities model guided the construction of this scholarly project. MOHO focuses on occupational engagement through meaningful activities. During the transition process an individual's roles, habits, routines, environment, and motivation for occupational engagement are disrupted and changing. This model provides the therapist with insight into the resident's previous habits and occupations as well as the residents' current perspective on his or her habituations and occupations. Another reason MOHO was chosen to guide this scholarly project is that research has shown the majority of practicing OTs are familiar with MOHO. It is reported that 80% of clients have reported using MOHO at least some of the time during their practice; they also reported it promotes a holistic, occupation based focus, client centered, and evidence based practice (Lee, Taylor, Kielhofner, and Fisher, 2008). This will increase the probability of OTs successfully accepting and implementing this scholarly project.

Although MOHO addresses cognition, Kielhofner (2003) suggests OTs use other conceptual models for understanding and addressing cognitive performance capacities. The cognitive disabilities model by Claudia Allen provides a screening tool to determine an individual's cognitive level. Similar to MOHO, the cognitive disabilities model is also widely recognized by a fast majority of OTs and therefore would foster dissemination and implementation of this scholarly project to OTs.

An occupation based program guide to ease the transition into LTC was developed by the students of this scholarly project. The program guide was developed specifically to meet the needs of the residents transitioning into LTC by utilizing meaningful activities to reduce depression and increase quality of life. Each section of the

program guide was designed with an occupation-based component that is supported by literature findings. The program guide was developed to supplement procedures currently implemented by other health care professionals not to replace.

The occupation based program guide utilizes group participation, occupations, and builds social support as primary interventions. The program guide is organized into three phases, the pre-admission phase, admission, and post-admission, with a peer mentoring system that is implemented throughout the program. The program guide is developed for OTs to use in LTC facilities. The product is a guide to allow the OTs to use professional judgment to adapt and modify the program to fit within the LTC facility. The program guide provides structure in each phase but allows OTs to modify the tasks to fit each resident's personal needs.

An educational workshop has been developed to increase awareness of the needs of the resident's transitioning into LTC and on how to implement the program guide. Newly admitted residents will be accessed through the use of case managers and social workers. Social workers and case managers were deemed appropriate because they are among the health care professionals that are initially contacted by families or residents in need of a LTC facility.

It is likely this scholarly project will decrease depression rates and enhance quality of life among residents living in LTC. It is recommended that a pilot program be implemented to establish effectiveness of the program guide within LTC facilities. It is recommended the grant be submitted to an appropriate funding source. Upon grant attainment, it is also recommended to continue research and effectiveness of this scholarly project and to fund a pilot program.

APPENDIX



2010

Easing the Transition into LTC: An Interactive Workshop

By: Sarah Boroos, MOTS & Janel Ludenia, MOTS



Easing the Transition into Long Term Care: An Interactive Workshop

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I. Executive Summary

Transitioning into LTC directly correlates with depression, decreased functional status, and decreased quality of life. It is estimated that .9% of community dwelling individuals experience depression as compared to an estimated 72% of LTC residents (Harris, 2007; Rovner, German, Brant, Clark, Burton, & Folstein, 1991). This issue is often under recognized resulting in the residents' mental/physical health needs going unmet. By health care professionals continuing to not meet the needs of residents', decreased quality of life and rapid medical decline will continue to be common stigmatizations and realities of LTC facilities (Brandburg, 2007).

A workshop will be implemented by two OT students from the UND OT Department. The main goal of this workshop is to educate OTRs/COTAs on the current needs of residents in LTC settings and how to effectively implement *Easing the Transition into LTC* program. The students are the creators of the *Easing the Transition into LTC* program. This six hour workshop will address problem areas associated with transitioning into LTC, educate OTs on the available resources for families and residents, OTs role in the admission process, and specific occupation based group interventions.

The total projected budget to implement this workshop is \$720.00. This total includes direct costs and operations costs. The workshop will be funded through registration fees of participants.

II. Context/Project Background

The transition into long term care (LTC) can be a stressful, life-changing event for some elder adults. Depression, decreased functional status, and decreased quality of life are major problems often experienced in residents of LTC during this transition phase (Brandburg, 2007). An estimated .9% of the community dwelling individuals experience depression as compared to 72% of LTC residents (Harris, 2007; Rovner, German, Brant, Clark, Burton, & Folstein, 1991). LTC includes medical and non-medical care to individuals who have a chronic illness or disability. LTC can be provided to individuals in assisted living facilities, nursing homes, and in an individual's home (US Department of Health and Human Services, 2009). LTC provided within the individual's home will be excluded from this program plan because he or she is not leaving their home.

Depression directly correlates with a decrease in functional ability, increase in illness symptoms, and an increase in mortality rates. Research indicated that depression in LTC facilities is under recognized and goes untreated (Webber, Martin, Harker, Josephson, Rubenstein, & Alessi, 2005; Harris, 2007). The researchers also determined depression worsened functional status and increased the likely hood of becoming dependent on caregivers. Another contributing factor to decreased functional status is an individual's feelings of lack of control. With a sense of decreased control, individuals increase their dependence on caregivers thus decreasing their functional status (Brandburg, 2007; Wilson, 1997).

Occupational therapists (OT) are equipped with the necessary skills that would promote a successful transition into LTC. OTs are among the health care professionals that promote independence and quality of life by implementing occupation-based interventions (AOTA, 2008). Occupation-based interventions are an important aspect in promoting independence in

LTC settings. OTs educational foundation provides the skills necessary to conduct formal and informal assessments/screenings regarding performance capacity, motivation, and roles/routines of the resident (Kielhofner, 2009). By determining these factors an OT will be able to provide meaningful occupation based activities meeting cognitive and physical abilities. OTs role in supporting evaluation and intervention is to promote a successful transition into LTC by using an occupation-based approach.

Target Group

The target population of this workshop are OTRs and COTAs practicing in LTC settings. Inclusion criteria requires successful completion of OTR/COTA national certification, good standing with state practicing requirements, and currently practicing in LTC facilities within Grand Forks County. Exclusion criteria are those therapists practicing in LTC home health. According to the US Bureau of Labor Statistics (2008) there are an estimated 220 OTRs and 60 COTAs practicing in North Dakota. Of those 220 OTRs, 95% are female. Residents transitioning into LTC facilities within Grand Forks County are indirectly targeted as they are the main purpose for implementation of the workshop for education on the *Easing the Transition into LTC* program.

III. Project Justification

Problem Statement

Transitioning into LTC directly correlates with depression, decreased functional status, and decreased quality of life. It is estimated that .9% of community dwelling individuals experience depression as compared to an estimated 72% of LTC residents (Harris, 2007; Rovner, German, Brant, Clark, Burton, & Folstein, 1991). This issue is often under recognized resulting in the residents' mental/physical health needs going unmet. By health care professionals

continuing to not meet the needs of residents', decreased quality of life and rapid medical decline will continue to be common stigmatizations and realities of LTC facilities (Brandburg, 2007).

It is proposed that an educational workshop on *Easing the Transition into LTC* program is provided to OTR/COTAs who are practicing in LTC settings. The emphasis is on the importance of a successful transition into LTC for residents. This workshop will be implemented by the developers of the *Easing the Transition into LTC* program. The workshop will be conducted quarterly at a central location within Grand Forks.

Easing the Transition in LTC program provides occupation based approaches that increase quality of life of residents transitioning into LTC thus promoting a successful transition. The program is designed to be carried out by OTRs who are practicing in LTC settings. The program is to be utilized with residents on an individual basis, starting at the pre-admission phase until the resident has transitioned successfully.

Implementing the *Easing the Transition into LTC* program benefits the resident by increasing their independence and quality of life through engagement in occupation based activities. Providing an educational workshop to OTRs/COTAs provides them with the necessary knowledge to effectively implement *Easing the Transition into LTC* program within their work facilities. This workshop is beneficial to OTRs/COTAs by providing education on their role in the LTC transition process.

Implementing the *Easing the Transition into LTC* program is cost effective for the resident. Services are provided at the time of transition to help ease symptoms that lead to secondary medical conditions which decreases a resident's health status. Appropriate referrals can be made at the time of transition thus preventing more costly hospitalization services. Implementing this program is also cost effective and beneficial to the LTC facilities. There will

be less physical demands placed on staff members from dependent residents, which will potentially decrease job related stress, injuries, dissatisfaction, and turnover rates.

Priority Needs

1. Increase OTRs/COTAs awareness of the problem areas associated with residents and the transition into LTC process.
2. Educate OTRs/COTAs on ways to better prepare residents for the transition process.
3. Educate OTRs/COTAs on effective assessments to be used at time of admission.
4. Educate OTRs/COTAs on how to use occupation-based activities in group sessions to ease the transition process for residents.

Proposed Approach

The strategy chosen to meet the identified needs of the residents is to provide an educational workshop to OTRs/COTAs working in LTC facilities in Grand Forks, ND. This workshop will provide OTRs/COTAs with the necessary skills to effectively implement the *Easing Transition into LTC* program. Successful implementation of the program will promote successful transition of the resident into their LTC setting. The workshop includes problem identification, strategies to address residents' perceived level of control, interventions during pre-admission, admission, and post-admission phases, etc.

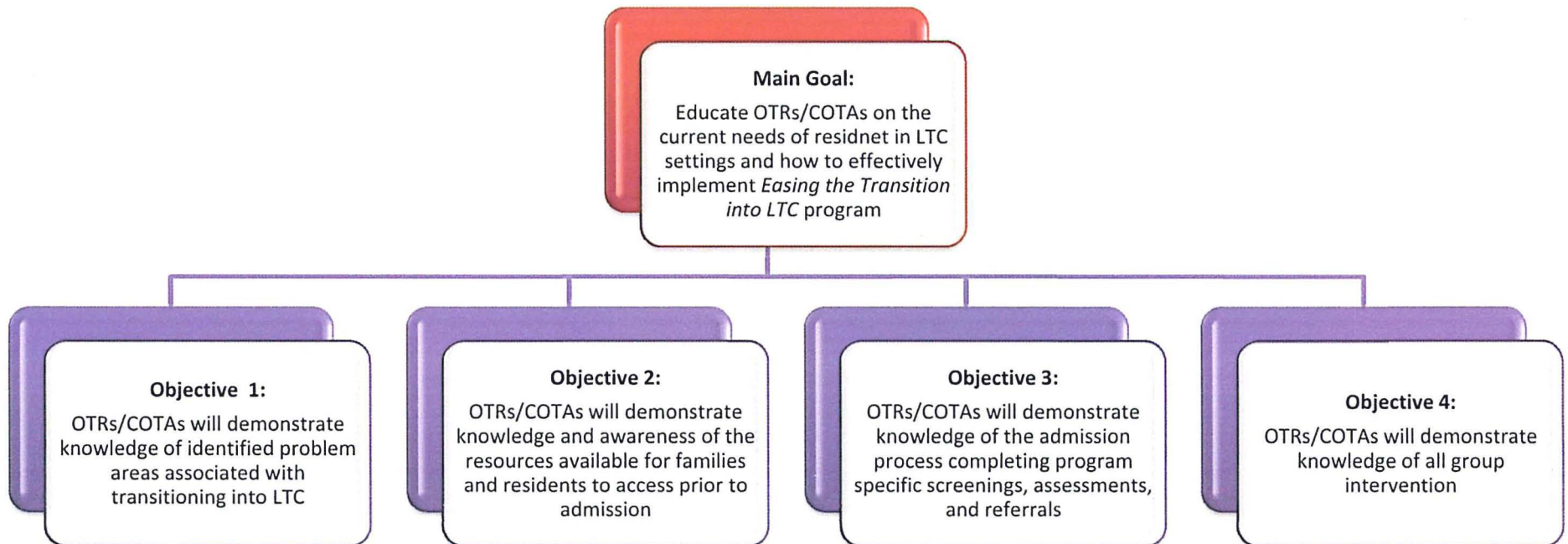
Implementation Organization

It is proposed that the workshop will be conducted by two occupational therapists, Sarah Boroos and Janel Ludenia. The workshop will serve as a means of educating the OTRs/COTAs to ensure effective and appropriate implementation of the *Easing the Transition into LTC* program. The two occupational therapists chosen to implement the workshop are the creators of the *Easing the Transition into LTC* program thus making them the most qualified to educate

others on the proposed information. After the initial workshop is completed the UND OT Department staff will continue to implement future workshops.

The UND OT Department is most appropriate to continue to implement this program because of 1) the UND OT Department's connections and accessibility to the Grand Forks community, 2) OT faculty's expertise in adult learning, educating others, and their extensive knowledge of OT, 3) the UND OT Department believes in community services and supports student involvement in the community.

IV. Goals and Objectives



Expected Project Results/Outcomes/Benefits

Date	Expected Results/Outcome	What is the Benefit?	How do you Measure it?	Who is Responsible for it?
8/20/10	Target population will have greater knowledge of the needs of the elderly during the transition process into LTC	OTRs/COTAs will meet the needs of the residents, thus increasing the residents' quality of life	OTRs/COTAs will complete a post workshop questionnaire	Sarah Boroos, MOTS and Janel Ludenia, MOTS
8/20/10	Target population will possess the skills to effectively implement <i>Easing the Transition into LTC</i> program	OTRs/COTAs will meet the needs of the residents, thus increasing the residents' quality of life	OTRs/COTAs will complete a self readiness assessment, and successfully complete a case study	Sarah Boroos, MOTS and Janel Ludenia, MOTS

V. Project Implementation

Id	Description of Activity	Scheduled Start	Scheduled Finish	Accountability
1	Contact OTR supervisors in LTC facilities in Grand Forks County to determine compliance with attending the workshop	5/1/10	5/10/10	Sarah Boroos, MOTS and Janel Ludenia, MOTS
1	Develop power point from extensive literature review	5/15/10	5/25/10	Sarah Boroos, MOTS and Janel Ludenia, MOTS
2	Contact School of Medicine to reserve room for workshop	6/1/10	6/5/10	Sarah Boroos, MOTS and Janel Ludenia, MOTS
3	Develop flyers	6/10/10	6/25/10	Sarah Boroos, MOTS and Janel Ludenia, MOTS
4	Advertise flyers in LTC facility OT departments in Grand Forks County; include sign-up sheet and contact information	6/25/10	7/30/10	Sarah Boroos, MOTS and Janel Ludenia, MOTS
5	Determine number of attendees through sign-up sheet data, email, and direct contacts	7/30/10	7/30/10	Sarah Boroos, MOTS and Janel Ludenia, MOTS

6	Create and print workshop handouts for attending OTRs/COTAs	8/1/10	8/10/10	Sarah Boroos, MOTS and Janel Ludenia, MOTS
7	Present workshop to OTRs/COTAs	8/20/10	8/20/10	Sarah Boroos, MOTS and Janel Ludenia, MOTS
8	Participants of workshop complete satisfaction survey regarding the effectiveness of the workshop	8/20/10	8/20/10	Sarah Boroos, MOTS and Janel Ludenia, MOTS
9	Mail report summary of satisfaction survey and outcome questionnaire to supervisors of LTC facilities	10/20/10	10/20/10	Sarah Boroos, MOTS and Janel Ludenia, MOTS
10	Follow up survey mailed to supervisors of LTC facilities in regards to the usefulness of the workshop in relation to implementing <i>Easing Transition into LTC</i> program	11/20/10	12/20/10	Sarah Boroos, MOTS and Janel Ludenia, MOTS
11	Results of follow-up workshop will be analyzed and adjustments made to workshop as necessary	12/20/10	2/20/11	Sarah Boroos, MOTS and Janel Ludenia, MOTS

VI. Operational Plan

Projected Management and Personnel

The personnel who will implement this workshop are Sarah Boroos, MOTS and Janel Ludenia, MOTS. The therapists will communicate daily regarding the progression of this project. They will meet weekly to develop materials and meet task deadlines. These therapists will design the educational material and present the information to attending OTRs/COTAs. Specific responsibilities and roles are listed below.

Sarah Boroos, MOTS

- Role: Design and present workshop material

- Responsibilities: Conduct literature review, develop flyers, advertise flyers, determine number of attendees, print materials for workshop, and present at the workshop.
- Contact information:
 - Phone number: (218) 689-6585
 - Email address: sboroos@medicine.nodak.edu

Janel Ludenia, MOTS

- Role: Design and present workshop material
- Responsibilities: Conduct literature review, contact School of Medicine to reserve room, advertise flyers, print materials for workshop, and present at the workshop.
- Contact information:
 - Phone number: (763) 226-9725
 - Email address: jludenia@medicine.nodak.edu

Resource Plan

The resources necessary for the planning and implementing the *Easing the Transition into LTC* Workshop are outlined as follows:

- Cost Categories:
 - Equipment and materials needed for workshop
 - Handouts for participants
 - Satisfaction surveys
 - Outcome questionnaire
 - Follow up surveys

- Incentives
 - Coffee, juice, muffins, and bagels
- Marketing materials
 - Printing cost of brochures and flyers
 - Stamps and envelopes
- Reimbursement for presenters of workshop

Budget

The following information is a summary of the budget, including revenue and costs. The expected revenue for the workshop will be obtained through workshop registration fees. OT supervisors will have been contacted prior to determine estimated number of attendees. The major costs of the workshop include 1) equipment and materials needed for workshop 2) printing marketing materials and 3) reimbursement for presenters of workshop. The additional revenue will go towards continuing research and advancements of the *Easing the Transition into LTC* program.

Workshop Budget

<i>Easing the Transition into LTC Workshop</i>						
Revenue		Expected participants		Breakdown	Total	
	Registration Fee	25		30.00/person		750.00
				Total Revenue		\$750.00
Direct Costs						
	Equipment and materials for educational workshop					140.00
	Incentives (coffee, juice, bagel, muffins)			100.00		
	Handouts (surveys and questionnaire)			40.00		
	Marketing materials					100.00
	Printing brochures/flyers			100.00		
	Mailing of follow up surveys (stamps, envelopes)					25.00
	Reimbursement to Presenters of Workshop					300.00
	Sarah Boroos, MOTS			150.00		
	Janel Ludenia, MOTS			150.00		
	Total Direct Costs					\$565.00

VII. Program Evaluation

Relevant Government Policy, Legislation and Rules

The OTRs/COTAs attending this workshop must meet government policies which require successful obtainment of national certification, and be in good standing with state practicing requirements. The purposed program content requiring assessment, treatment, discharge, and documentation must meet standards of practice for OT, Medicare, and general LTC settings.

Quality Management Plan

Main goal: Educate OTRs/COTAs on the current needs of residents in LTC settings and how to effectively implement *Easing the Transition into LTC* program.

Monitoring Procedures	Progress will be monitored through observation and question/answer sessions throughout the workshop. An outcome questionnaire and satisfaction survey will be administered following completion of the workshop.
Methods	After each objective is taught the participants will engage in a case study activity to apply the information.
Evaluation	The therapists presenting the workshop, Sarah Boroos, MOTS and Janel Ludenia, MOTS will administer the evaluation forms (outcome questionnaire and satisfaction survey) upon completion of the workshop.
Effective change management	Feedback will be processed and appropriate changes will be made to enhance learning modules.
Record keeping	Results of the outcome questionnaire, satisfaction survey, and follow-up survey will be compiled into an overall summary. These results will be used to compare the outcome measures of future workshops and adjust future workshops.

Reporting

Workshop progress will be documented and reviewed following each presentation.

Progress will be based on the outcome surveys and observations made by the presenters. The report will include a summary of the overall results of the satisfaction survey and the outcome questionnaire. In addition, any feedback, comments, and concerns reported by attendees will be included in this summary with corresponding answers. The results of this report will be mailed to the supervisors of each OT department that attended the workshop. The supervisor will be encouraged to share the results with their staff members at their convenience. The purpose of sharing these results with the participants of the workshop is to provide responses to unanswered questions, comments, and concerns. A three month follow up post survey will be administered to the LTC facilities OT departments that attended the workshop to monitor usefulness of workshop in implementing the *Easing the Transition into LTC* program. The purpose of these results is to compare and adjust future workshops. In addition the UND OT Department will hold presenters of workshop accountable for these reporting methods. The UND OT Department will be responsible for filing and reviewing these documents for future use.

Risk Management Plan

Id	Major Risk	Mitigation Strategies	Estimated Costs	Level of Risk	Risk Management
1	OT supervisors will not encourage OTRs/COTAs to attend the <i>Easing the Transition in LTC</i> workshop.	Utilize effective marketing strategies regarding the need for the workshop.	\$100 - Flyers, brochures will be administered, and direct contacts will be made.	Moderate	An estimated number of participants will be determined prior to the workshop based on a sign- up sheet. Dates and locations can be changed in order

					to fit the majority of the participants' schedule.
2	OTRs/COTAs will not attend the workshop.	Offer additional incentives and continuing education hours.	\$200 - Incentives include complimentary breakfast and gift certificates to local venues.	Moderate	An estimated number of participants will be determined prior to the workshop based on a sign- up sheet. Dates and locations can be changed in order to fit the majority of the participants' schedule.
3	The community of professionals does not accept the workshop information.	Adapt teaching strategies to clarify and stress the importance of the program.	Minimal – preparation time versus financial.	Maximum- This workshop is based on a pilot program therefore there is no evidence based research to prove the effectiveness.	Implement a pilot program to gather evidence to present to future workshops.

VIII. Project Closure & Outcome Realization

The workshop will be finalized once all educational material is presented and all correlating questions are addressed. The outcomes results will be measured through an outcome survey and questionnaire. The presenters will have two month to summarize outcome measure results and mail them to the supervisors. The lessons learned will be through application pieces i.e. case studies that are presented throughout the workshop.

Follow-up surveys will be sent to the supervisors of the LTC facilities OT department three months after the workshop. These surveys will aim to attain information in regards to the usefulness of the workshop in comparison to carrying out the *Easing the Transition into LTC Program*. Feedback will be taken into consideration and adjustments to programming will be made for future workshops. The presenters will have two months to review results and adapt workshop to meet the needs of the target population. After the results of the follow-up surveys have been compiled, the presenters will decide whether or not it is beneficial to implement continuing workshops statewide in the future.

IX. Marketing Plan

	Goal	Strategies
Sales Objective	Attain contact with 100 OTRs/COTAs in Grand Forks County aware of the <i>Easing the Transition into LTC</i> workshop.	OTR supervisors in Grand Forks County will receive direct phone calls receiving the workshop. Contact will be made to deliver marketing material i.e. flyers and brochures.
Profit Objective	A minimum of 25 OTRs/COTAs will attend the scheduled workshop in order to meet direct budget costs.	Incentives will be advertised and offered at the workshop. Benefit of the educational material will be marketed to demonstrate the impact it can have on their LTC facility and quality of treatment they provide.
Product Objective	A minimum of 50% of OTRs/COTAs will report using the information presented at the workshop in their LTC facility or will report future plans to use this information.	Benefit of the educational material will be marketed to demonstrate the impact it can have on their LTC facility and quality of treatment they provide. 3 month post workshop follow up survey will be used as a reinforcement tool.

Competitive Environment

Strengths <ul style="list-style-type: none"> • The workshop presenters are the developers of <i>Easing the Transition into LTC</i> program. • Statistics support the need for <i>Easing the Transition into LTC</i> program. This workshop will build the skills necessary to effectively implement the program. 	Weakness <ul style="list-style-type: none"> • Lack of pilot program • Lack of evidence based literature to support effectiveness of workshop with program.
Opportunities <ul style="list-style-type: none"> • Only opportunity available for OTRs/COTAs to learn how to effectively implement <i>Easing the Transition into LTC</i> program through an interactive workshop. 	Threats <ul style="list-style-type: none"> • Lack of evidence based literature to support effectiveness of workshop with program poses a threat for consumers to not accept information.

Competitive Analysis

The competitive environment of this workshop is existing LTC facilities and healthcare systems i.e. Altru Hospital in the Grand Forks region. These facilities are a threat to the workshop because they could potentially provide similar information on the instruction of *Easing the Transition into LTC* program at no cost to the OTR/COTA. Another threat to the effectiveness of the workshop is that LTC facilities are currently not actively seeking to change their strategies to ease transition into LTC. The workshop emphasizes the gaps in current competitive strategies and identifies how the *Easing the Transition into LTC* program bridges these gaps. Marketing materials for this workshop emphasizes that the *Easing the Transition into LTC* program does not replace current strategies, but supplements these existing interventions. The workshop has positioned the information to target cost effectiveness of implementing the *Easing Transition into LTC* program as well as the impact on quality of life of residents. In addition the marketing materials emphasize the UND OT Department credibility and

involvement in continuous research and adaptations of the workshop and *Easing the Transition into LTC* program.

Target Markets

The target market of this workshop is practicing OTRs/COTAs in Grand Forks County employed at LTC facilities. This target market was specifically chosen because OTRs/COTAs are the professionals that will be implementing the workshop's program. The *Easing the Transition into LTC* program is specifically designed around the Occupational Therapy Practice Framework and occupational therapy models. Due to these factors OTRs/COTAs are the most qualified to learn how to implement the program. In addition the program focuses on occupation based activities as interventions. OTRs/COTAs are equipped with the knowledge and skill base to best implement these interventions. This market will use the workshop to learn the specifics of implementing the *Easing the Transition into LTC* program, the purpose, and the potential benefits it has to bring to their facility. An extensive literature review was conducted and the findings indicated a definite need for additional support during the resident's transition process (Harris, 2007; Kao, Travis, & Acton, 2004). According to Csikszentmihalyi (1997) the use of meaningful and occupation based interventions increases quality of life of individuals. Therefore it is proposed that an occupation based program supports quality of life and promotes a successful transition into LTC.

Product Strategy

The product of this program plan is a workshop to educate OTRs/COTAs on the current needs of residents in LTC settings and how to effectively implement *Easing the Transition into LTC* program. The workshop identifies problem areas associated with the transition process, the available resources for families and their loved one prior to admission, the OTs' role in the

admission process, and specific group interventions. This workshop is beneficial to OTRs/COTAs by providing education on their role in the LTC transition process and promoting awareness of the needs of the residents. Implementing the *Easing the Transition into LTC* program benefits the resident by increasing their independence and quality of life through engagement in occupation based activities. Providing an educational workshop to OTRs/COTAs provides them with the necessary knowledge to effectively implement *Easing the Transition into LTC* program within their work facilities.

The major competitor to this workshop is that LTC facilities are currently not actively seeking to change their strategies to ease transition into LTC. This program seeks to promote awareness of the need to fill the gap in the current transition process and positions the benefits in terms of cost effectiveness impacting LTC employees, the resident, and the LTC facility.

Price Strategy

The cost to attend the workshop is \$30.00 per person. The direct cost total is estimated at \$565.00. Overall, financial resources are minimal to implement this workshop. The total direct costs will be covered by registration fees. The additional revenue will go towards continued research and future adjustments to the workshop and *Easing the Transition into LTC* program.

Promotion Strategy

The following are the workshops key promotional strategies:

- Direct contact via phone or conference with OT supervisors of LTC facilities within Grand Forks County. The message will emphasis current gaps in the LTC transition process and the benefits this workshop will provide to bridge the gaps.
- Flyers and brochures will be created and accessed locally in Grand Forks County within the LTC facilities. Specifically, the brochures and flyers will be placed staff break rooms,

OT/Rehab department bulletin boards, and will be given to OT supervisors to place in employee mail boxes. The message will emphasize current gaps in the LTC transition process and the benefits this workshop will provide to bridge the gaps.

Evaluation

Marketing Strategy	Tracking Strategy	Level of Effectiveness
To attain contact with 100 OTRs/COTAs in Grand Forks County, direct contact via phone or conference will be made with OT supervisors of LTC facilities within Grand Forks County	Supervisors' willingness to attend workshop, i.e. verbal commitment to attend Number of direct contacts made regarding the workshop, i.e. questions, concerns, interests, etc.	Maximally effective Moderately effective
In order to increase probability of 25 OTRs/COTAs attending the workshop, flyers and brochures will be created and accessed locally in Grand Forks County within the LTC facilities	Number of OTRs/COTAs on sign-up sheet placed at LTC facility Number of received pre-registration forms	Moderately effective Maximally effective
The presenters will receive responses from 50% of workshop attendees to attain feedback regarding workshop effectiveness in relation to program implementation within LTC facilities in order to make necessary adaptations to workshop	3 month post workshop follow up survey Outcome questionnaire and satisfaction survey	Maximally effective Moderately effective

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